

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 15, 1999 8:00 am  
Secretary of State

05-15-1999 90023 013 \*\*\*150.00

DOCUMENT # P95000077275

1. Corporation Name

CAPITAL HOME LOAN MORTGAGE CORP.

Principal Place of Business

C/O MR. CARLOS REYES  
10689 N. KENDALL DR. #307  
MIAMI FL 33176  
US

Mailing Address

C/O MR. CARLOS REYES  
10689 N. KENDALL DR. #307  
MIAMI FL 33176  
US

2. Principal Place of Business

21 600 BRICKELL AVENUE

2a. Mailing Address

26 600 BRICKELL AVENUE

Suite, Apt. #, etc.

22 Suite 301G

Suite, Apt. #, etc.

27 Suite 301G

City & State

23 Miami, FLA.

City & State

28 Miami, FLA.

Zip

24 33131

Country

25 USA

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

REYES, CARLOS  
2408 SW 23RD ST  
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1995

4. FEI Number

65-0620950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D  
NAME REYES, CARLOS  
STREET ADDRESS 2408 SW 23RD ST  
CITY-ST-ZIP MIAMI FL 33145  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
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☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME REYES, CARLOS  
1.3 STREET ADDRESS 243 SW 26 Road  
1.4 CITY-ST-ZIP Miami, FL. 33129  
☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS M. REYES

05/13/99

Date

305-371-7730

Daytime Phone #

CR2E034 (11/98)