FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079454 (1)

1. Corporation Name

FAMILY MORTGAGE CORPORATION OF AMERICA

Principal Place of Business
6405 NW 36TH STREET STE 202-E
MIAMI FL 33166

Mailing Address
6405 NW 36TH STREET STE 202-E
MIAMI FL 33166

3. Date Incorporated or Qualified: 10/13/1995

3a. Date of Last Report:

4. FEI Number: 65-0613643 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 6405 N.W 36th Street
Suite, Apt. #, etc.
22 Suite 202 -E-
City & State
23 Miami, Fla
Zip 24 33166 — Country 25 Dade

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

CANCIANO, HECTOR
7140 SW 5TH STREET
MIAMI FL 33144

10. **Name and Address of New Registered Agent**

81 Name: Aurelio Alonso
82 Street Address (P.O. Box Number is Not Acceptable): 248 West 22 Street
83 Hialeah,
84 City: FL — 85 Zip Code: 33012

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] Aurelio Alonso — 6/28/96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	CANGIANO, HECTOR		1.2 NAME	Aurelio Alonso
STREET ADDRESS	7140 SW 5TH STREET, APT. 4		1.3 STREET ADDRESS	248 West 22 St
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP	Hialeah,Fla 33012
TITLE	SDT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, AURELIO		2.2 NAME	
STREET ADDRESS	248 WEST 22TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] Aurelio Alonso — 6/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)