

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
SUITE 202 -E-
MIAMI FL 33166
US

Mailing Address

6405 NW 36TH STREET STE 202-E
MIAMI FL 33166-6974

2. Principal Place of Business

21 75-West-29th St
Suite, Apt #, etc.

22 City & State
Hialeah, FLA

23 Zip Country
33012 Miami-Dade

24 33012 25 Miami-Dade

2a. Mailing Address

26 75-West-29th St
Suite, Apt #, etc.

27 City & State
Hialeah, FLA

28 Zip Country
33012 Miami-Dade

29 33012 30 Miami-Dade

3. Name and Address of Current Registered Agent

ALONSO, AURELIO
248 WEST 22 STREET
HIALEAH FL 33012

3. Date Incorporated or Qualified
10/13/1995

3a. Date of Last Report
07/02/1996

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

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 of person appointed to be registered agent and file in applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME AURELIO ALONSO
STREET ADDRESS 248 WEST 22 ST
CITY- ST- ZIP HIALEAH FL

TITLE SDT ☐ DELETE

NAME ALONSO, AURELIO
STREET ADDRESS 248 WEST 22TH STREET
CITY- ST- ZIP HIALEAH FL 33012

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

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-10/13/98-01053-009
****173.75 ****173.75

14. I do 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.

SIGNATURE:

[Signature]

9/25/99

FILED

98 OCT -7 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)



Lic. Mortgage Broker Business

October 7th, 1998
Hialeah, Fla

Corporate Division
Florida Department of State
409 East Gaines Street
Tallahassee, Fla 32399

2

Dear Sir:

Please receive enclosed my Corporate Report wrongly sended
to the address of Mrs. Dolores Beckham and her documents were
wrongly send to your address.

I hope this time will be right and things will again
be properly in order with the Division of Corporations.

Cordially Yours,



Aurelio Alonso