

**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

**FILED**

98 OCT -7 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

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

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

2. Principal Place of Business  
21 **75-West-29th St**

Suite, Apt #, etc.

22 City & State  
23 **Hialeah, FLA**

Zip Country  
24 **33012** 25 **Miami-Dade**

9. Name and Address of Current Registered Agent

**ALONSO, AURELIO  
248 WEST 22 STREET  
HIALEAH FL 33012**

2a. Mailing Address  
26 **75-West-29th St**

Suite, Apt #, etc.

27 City & State  
28 **Hialeah, FLA**

Zip Country  
29 **33012** 30 **Miami-Dade**

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 principal registered agent and officer, if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>AURELIO ALONSO</b>	
STREET ADDRESS	<b>248 WEST 22 ST</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>SDT</b>	<input type="checkbox"/> DELETE
NAME	<b>ALONSO, AURELIO</b>	
STREET ADDRESS	<b>248 WEST 22TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**900002662719--1**  
**-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:

*[Handwritten Signature]*

*alalaloo*

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

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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