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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT 1. Corporation Name	#	P	950	00	OC)85	1	19	(2	י (י

INTERAMERICAN FIRST MORTGAGE CORPORATION

Principal Place of Business Mailing Address 11240 S.W. 29TH ST. 8485 SUNSET DRIVE MIAMI FL 33165-2268 A-240 MIAMI FL 33173 US 3, Date Incorporated or Qualified 3a. Date of Last Report 11/06/1995 06/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0620880 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution [Added to Fees 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VALDES, JORGE 11240 S.W. 29TH ST. Box Number is Not Acceptable) 82 Street Addi **MIAMI FL 33165** SW 83 A-240 Zip Code 33/73 84 City MIAMI . 15/3, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered apply 507.0505, Florida Statutes. Pursuant to the provisions of Sections 607 0 office or registered agent, or both, in the St 02 and 607 agent. Lam familiar w and accept the c SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. FICERS AND DIRECTORS 13. Change DELETE Addition LI TITLE Till.F D/P SALIM, LUIS 14405 SW TERD, ST SALIM, LUIS 12 NAME NAME 14405 S.W. 73RD ST. 1.3 STREET ADDRESS STREET ADDRESS miami **MIAMI FL 33183** 1.4 CITY-ST-ZIP CHY-ST-7P Change D/V/S DELETE Addition TITLE 2.1 HTLE VALDES, JORGE 2.2 NAME VALDES, JORGE 11240 SW 29 ST NAME 11240 S.W. 29TH ST. 2.3 STREET ADORESS STREET ADDRESS **MIAMI FL 33165** 33/65 2.4 CITY-ST-ZIP City-St-7iE Addition DELETE Change I ILE 3.1 TITLE ANTONIO NAME 3.2 NAME D 1101 SW 140 PL. 3.3 STREET ADDRESS STREET ADDRESS 33184-2791 34. CITY-ST-ZIP CHY-SI DELETE Addition TITLE 41 TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP DELETE 51 TITLE Change ☐ Addition THTLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - S1 - ZIP DELFTE Change Addition 61 TITLE TITLE 6.2 NAME NA VI 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

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 trusted 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

FILED

Jan 17 1997 8:00am

Secretary of State

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