## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION

ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

P95000086408 (8)

C & R INVESTMENT MORTGAGE CO.

APPROVED AND FILED

1996 HAY -1 PN 12: 56

SECREMAY OF STATE TALLAHASSEE, FLORIDA



Principal Place o		Mailing Address						
765 NORTHWEST 37 AVENUE, SUITE 258 765 NORTHWEST 37 AVI MIAMI FL 33125 MIAMI FL 33125				TE 258				
MINMI IL 33	,,,,,,	mirini 16 VVISV			3. Date Incorporated or Qualified 11/09/1995	3a. Date	of Last Repo	ort
2. Principal Plac	ce of Business	2a. Mailing Address	······································		4. FEI Number		App	olied For
21		26	26				t Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22 Cit 8 Charles		City & State			Election Campaign Financing			
City & State			28		6. Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	y	8. This corporation has liability for i	ntangible tax	unders 19	9.032,
24	25	29	30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Florida Statutes	****		
	9. Name and Address of Cur	rent Registered Agent	81	T 50	10. Name and Address of New R	egistered A	gent	
AmeriLawyer Chartered				Name				
	W FIRM OF LAWRENCE J 3	PIEGEL CHRTD	82	Street Addi	lress (P.O. Box Number is Not Acceptable)			
	MERIA AVENUE		83	<del> </del>		*·* · · · · · · · · · · · · · · · · · ·		
CUHAL	GABLES FL 33134						Table 3: 7	N- d-
	1 ///		84	City		FL	85 Zip C	xode xode
11. Pursuant to	the provision //// c is 607.0	502 and 607.1608, Florida Statut	es, the above	named corpo	ration submits this statement for the pur ird of directors. I hereby accept the appo	pose of char	nging its reg	istered offic
or registere familiar with	id agent, or <b>William List</b> atte of the hand accept the Musicas of S	iorida. Such change was authonz ection 907.0505, Florida Statutes	ео бутпе соп 3.	poration's boa	rd of directors. Thereby accept the appli	17/01	Spisioned an	gent. Fam
CHOILE THE DEC.	181080001   7	ATCG_LTE	Pracur			7/24	el W	3
		grow and little if applicable. NO AND DIRECTORS	TE: Registered Age	arc signature require	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 12
12. Tille	PSTD	DELETE	1. 1 TITLE					Addition
NAME	MARTINEZ, MOISES G	<del></del>	1.2 NAME					
STREET ADDRESS	765 NORTHWEST 37 AV	ENUE, SUITE 258	1.3 STREE	T ADDRESS				
CITY - S1 - ZIP	MIAMI FL 33125	# 147 1991 - 1991	1.4 CITY-	SI-ZIP			7 61	
THILF		DELETE	2. 1 1 ITLE			L.	] Change	Addition
NAME			2.2 NAME		enn	nn 18	2032	-:15
STREET ADDRESS				ET ADDRESS	<b>600</b> -05/01	796- <b>-</b> 0	10621	523
CHY-ST-ZIP TITLE		DELETE	2.4 CITY- 3. 1 TITLE		****2[	<del>)3.75 _</del>	thank 20	Addition
NAME		<b>LL</b> )	3.2 NAME			_		
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY - ST-ZIP			3.4 CITY -	ST-ZIP				
TITLE		☐ DELETE	4. 1 TITU			Ε.	] Change	Addition
NAME .			4.2 NAM					
STREET ADDRESS				ET ADDRESS				
CHY-SI-ZIP		DELETE	4.4 CITY - 5.1 TIYLI			T T	7 Change	☐ Addit₊on
TITLE NAME		La secon	5.2 NAMI				_ ~	
STREET ADDRESS				ET ADDRESS				
CHTY - ST - ZIP			5.4 CITY					
TITLE		DELETE	6 17111			Ĺ	] Change	Addition
NAME			6.2 NAMI					بالمحاس
STREET ADDRESS				ET ADDRESS			'	211
CITY-ST-ZIP			6.4 CHY	-ST-ZIP				<b>'</b>

14. I do hereby certify that the information supplied with this filling 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 withyan address.

SIGNATURE:

E AND TYPED ON PRINTED NAME OF SIGNING OFFICER GALDRECTOR

Daylinic Phone #