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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000086408

1. Corporation Name

C & R INVESTMENT MORTGAGE CO.

Principal Place of Business

Mailing Address

POST OFFICE BOX 558703  
MIAMI FL 33125  
US

POST OFFICE BOX 558703  
MIAMI FL 33125  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name Spiegel & Utrera, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)  
83 343 Almeria Avenue

84 City Coral Gables

85 Zip Code FL 33134

11. Pursuant to the provisions of Sections 607.0500 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE By:

Natalia B. Utrera, Vice-President

12. OFFICERS AND DIRECTORS

TITLE PSTD NAME MARTINEZ, MOISES G CITY-ST-ZIP 765 NORTHWEST 37 AVENUE, SUITE 258 MIAMI FL 33125

STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I 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, with all other like empowered.

SIGNATURE:

Moises G. Martinez

Date

Dayton Phone #

FILED

99 APR 30 PM 4:12

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1995

4. FEI Number 65-0619170

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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

10. Name and Address of New Registered Agent

100002868581--5  
-05/07/99--01155--024  
\*\*\*\*150.00 \*\*\*\*150.00

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