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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000092120 (1)

1. Corporation Name
GEMINI MORTGAGE CORPORATION



Principal Place of Business: 1550 MADRUGA AVE #336 CORAL GABLES FL 33146 US

Mailing Address: 1550 MADRUGA AVE #336 CORAL GABLES FL 33146-3039 US

3. Date Incorporated or Qualified: 12/01/1995

3a. Date of Last Report: 05/01/1996

2. Principal Place of Business

21 1150 Pw 72 Ave

22 360

23 MIAMI FL

24 33126 Country U.S.A

2a. Mailing Address

26 1150 Pw 72 Ave

27 360

28 MIAMI FL

29 33126 Country U.S.A

4. FEI Number: 65-0623993

Applied For: Not Applicable

6. 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

9. Name and Address of Current Registered Agent

SOLIVA, ALBERT
 1550 MADRUGA AVE.
 MIAMI FL 33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: _____ DATE: _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: D DELETE

NAME: SOLIVA, ALBERT

STREET ADDRESS: 1550 MADRUGA AVE.

CITY-ST-ZIP: MIAMI FL 33146

TITLE: VP DELETE

NAME: LOZANO, RAY

STREET ADDRESS: 1550 MADRUGA AVE #336

CITY-ST-ZIP: CORAL GABLES FL

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

1.1 TITLE: President Change Addition

1.2 NAME: ALBERT SOLIVA

1.3 STREET ADDRESS: 1150 Pw 72 Ave # 360

1.4 CITY-ST-ZIP: MIAMI FL 33126

2.1 TITLE: Vice President Change Addition

2.2 NAME: RAY LOZANO

2.3 STREET ADDRESS: 1150 Pw 72 Ave #360

2.4 CITY-ST-ZIP: MIAMI FL 33126

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-ST-ZIP:

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 in an attachment with an address.

SIGNATURE: SOLIVA, ALBERT Soliva 4/21/97 (305) 717-3217

SIGNATURE AND TITLE TO PRINT: NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/21/97 Daytime Phone #: (305) 717-3217

CR2E034 (9/96)