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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000003011 (9)

1. Corporation Name
GIL MORTGAGE FINANCE, INC.

Principal Place of Business

1480 NW 107 AVE
UNIT Q
MIAMI FL 33172

Mailing Address

1480 NW 107 AVE
UNIT Q
MIAMI FL 33172-2734

3. Date Incorporated or Qualified
01/08/1996

3. Date of Last Report
INITIAL REPORT

2. Principal Place of Business

21 2801 Ponce De Leon Blvd.

Suite, Apt. #, etc.

22 # 430

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 Dade

2a. Mailing Address

26 2801 Ponce De Leon Blvd.

Suite, Apt. #, etc.

27 # 430

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 Dade

4. FEI Number
65-0638756

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

9. Name and Address of Current Registered Agent

GIL, MARIA E
480 NW 107TH AVE
UNIT Q
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

GIL, MARIA E.

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

2801 Ponce De Leon Blvd.

83

430

84 City

Coral Gables

FL

85 Zip Code

33134

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 and printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/97

12. OFFICERS AND DIRECTORS

TITLE DP
NAME GIL, MARIA E
STREET ADDRESS 4800 SW 138 PL
CITY - ST - ZIP MIAMI FL 33175

☐ DELETE

TITLE DV
NAME MARRERO, HECTOR
STREET ADDRESS 4800 SW 138 PL
CITY - ST - ZIP MIAMI FL 33175

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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CITY - ST - ZIP

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CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 only attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-939-0148

CR2E034 (9/96)