

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

(1)

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED

97 NOV -4 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000005055 (4)

1. Corporation Name
ULTIMATE MORTGAGE CORP.

Principal Place of Business
85 JEFFERSON AVENUE, SUITE A
MIAMI BEACH FL 33139

Mailing Address
85 JEFFERSON AVENUE, SUITE A
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 842 1st street | 26 842 1st street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 Miami Beach | 28 Miami Beach, FL |
| Zip Country | Zip Country |
| 24 33139 25 USA | 29 33139 30 USA |

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified 01/17/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0633174 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10-29-97

DATE

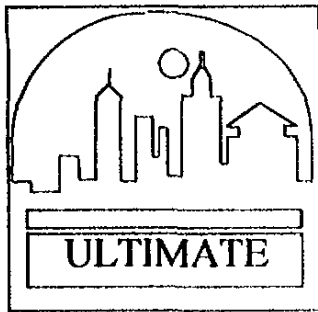
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PSTD | 1.1 TITLE | |
| NAME | RAMOS, MAXIMO A | 1.2 NAME | |
| STREET ADDRESS | 85 JEFFERSON AVENUE, SUITE A 842 1st street | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 on an attachment with an address.

SIGNATURE

(205)

CR2E034 (4/97)



Ultimate Mortgage Corp.
Lic. Mortgage Brokerage Business

Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

Dir Sirs,

My company moved to a new location on May of this year. At that time, we sent a letter to The Divisions of Corporations informing them of the address change. I recently passed by my old address and found the Profit Corporation Annual report which was sent to the wrong address some months ago.

After calling your Department I was instructed to change my address again on this annual report and pay the filling fee. I am doing so at this time.

I am including the additional \$8.75 so you could send me Certificate of Status in order to verify the address change.

Sincerely,

Maximo Ramos
Ultimate Mortgage Corp.