

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90003 012 \*\*\*150.00

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1. Corporation Name

FENDI MORTGAGE CORPORATION

Principal Place of Business

1450 MADRUGA AVE  
SUITE 410  
CORAL GABLES FL 33146  
US

Mailing Address

11730 SW 94TH STREET  
MIAMI FL 33186  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1996

4. FEI Number

65-0634809

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

2. Principal Place of Business

21 8900 SW 107 AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 301

Suite, Apt. #, etc.

27

City & State

23 Miami Florida.

City & State

28

Zip

24 33176 25 USA.

Zip

29 Country 30

9. Name and Address of Current Registered Agent

DENYER-PULIGNANO, MONICA  
11730 S.W. 94TH ST.  
MIAMI FL 33186

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)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE VS  
NAME DENYER, MONICA  
STREET ADDRESS 11730 S.W. 94TH ST.  
CITY-ST-ZIP MIAMI FL 33186

TITLE PT ☐ DELETE

NAME PULIGNANO, NUNZIO  
STREET ADDRESS 11730 S.W. 94TH ST.  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PS  
1.2 NAME Denyer, Monica  
1.3 STREET ADDRESS 11730 SW 94th  
1.4 CITY-ST-ZIP Miami, FL 33186 PS

2.1 TITLE TV  
2.2 NAME Pulignano Nunzio  
2.3 STREET ADDRESS 11730 SW 94th  
2.4 CITY-ST-ZIP Miami, FL 33186

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 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

305 412-1012

Daytime Phone #

CR2E034 (1/98)