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

PROFIT CORPORATION





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000009996 (5)

FOLIAL MORTGAGE CORP.

FILED Feb 19 1998 8:00am Secretary of State

Laone	. 14101111	AGE COM										
Principal Place of Business			Mail	Mailing Address					1 (00)(00) (10)0)(0 0)(1 00)(1 00))	110 OJH 1501
1321 S.W. 10	7TH AVE.		132	1321 S.W. 107TH AVE.								
SUITE 201A MIAMI FL 331	174			SUITE 201A MIAMI FL 33174					DO NOT WRITE IN THIS SPACE			
				7 = 55111					3. Date Incorporated or Qualifie	đ		
									01/31/1996			
2. Principal P	iace of Busi	ness	2a. N	2a. Mailing Address				·	4. FEI Number		X A	pplied For
21			26						65-0639347			ot Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired
City & State	е			City & State					6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution			to Fees	
Zip	Country		Z	⊢ ` ⊢		Country			8. This corporation owes or has			
24	25		[29]			30			Personal Property Tax due Ju			_] No
		and Address of	Current Registe	red Agent		81	Mana		10. Name and Address of New	Registered	Agent	
	rdomo, j					"	Name					
	21 S .W. 10 IITE 201A	77TH AVE.					Street	Addres	ess (P.O. Box Number is Not Acceptable)			
MIAMI FL 33174												
						84	City		·	FL	65 Zip	Code
11. Pursuant i	to the provis	ions of Sections 6	07.0502 and 607	.1508, Florida Statu	tes, the	above	e-named	corpor	ation submits this statement for the	e purpose o	of changing i	ts registered
office or re agent, I a	egistered ag m fa miliar w	gent, or both, in the ith, and accept the	State of Florida obligations of, §	. Such change was Section 607 .0505 , F	authoriz Iorida Si	zed by tatutes	/ the corp 3.	poratio	n's board of directors. I hereby acc	ept the ap	pointment as	registered
SIGNATURE	·	,	•									
	Signature, typed or printed name of registered age						egistered Agent signature required			DATE		
12.		OFFICE	RS AND DIRECT		13	_			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P			☐ DELETË	ł	TITLE		Ì			Change	Addition
NAME		MO, JOSE			- 1	NAME						
STREET ADDRESS		SW 21 TERR			1.3	STREET	ADDRESS					
CITY-ST-ZIP	MAMI	<u>-L</u>		Driese	_	CITY-S	T-ZIP	 				4.200
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NAME						NAME						
STREET ADDRESS							ADDRESS		\$ -			
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NAME				becel		NAME		-			Change	Addition
i							4000000					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				DELETE		. CITY - S TITLE	51 - ZIP				Change	Addition
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CITY-ST-ZIP						CITY-S'		ļ				
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NAME						NAME					-	
STREET ADDRESS					- 1		ADDRESS					
CITY-ST-ZIP						CITY-SI						
TITLE				DELETÉ	_	TITLE		l —			Change	Addition
NAME					6.2	NAME						
STREET ADDRESS							address					
CITY-ST-7IP						CITY, CI		F				

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 of 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 of 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 chapted, or ph an attachment with an address.