

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**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90060 013 \*\*\*150.00

**DOCUMENT # P96000010896**

1. Corporation Name

**APPROVED HOME MORTGAGE CORP.**

Principal Place of Business

12251 TAFT ST  
SUITE 401  
PEMBROKE PINES FL 33126  
US

Mailing Address

1431 N PALM AVE  
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/31/1996**

4. FEI Number

**65-0642575**

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 12251 TAFT STREET**

Suite, Apt. #, etc.

**22 401**

City & State

**23 PEMBROKE PINES, FL**

Zip

**24 33026**

Country

**25 BROWARD**

2a. Mailing Address

**26 SAME**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

SANTOS, JACQUELINE  
4025 SOUTHWEST 148 TERRACE  
MIRAMAR FL 33027

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 for 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

**HILDA FERRER, VP**

**1/20/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SANTOS, JACQUELINE</b>	
STREET ADDRESS	<b>4025 SOUTHWEST 148 TERRACE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANTOS, EVERARDO</b>	
STREET ADDRESS	<b>1630 WEST 46 ST., #506</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SANTOS, EDUARDO</b>	
STREET ADDRESS	<b>4025 SOUTHWEST 148 TERRACE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANTOS, HILDA</b>	
STREET ADDRESS	<b>1630 WEST 46 ST., #506</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>FERRER, HILDA</b>	
STREET ADDRESS	<b>11989 S.W. 17 COURT</b>	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>EXECUTIVE VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CAROLINA CHAIDEZ</b>	
1.3 STREET ADDRESS	<b>11989 SW 17 CT.</b>	
1.4 CITY-ST-ZIP	<b>MIRAMAR, FL 33025</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **HILDA FERRER, VP**

**1/20/99**

**(954) 704-0345**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)