

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000019549 (0)

1. Corporation Name

M B A MORTGAGE SERVICES INC.

Principal Place of Business

13780 SW 56 ST STE 221  
MIAMI FL 33175

Mailing Address

13780 SW 56 ST STE 221  
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

65-0646262

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 85 GRAND CANAL DR.

Suite, Apt. #, etc.

22 SUITE 202

City & State

23 MIAMI, FLORIDA

Zip

24 33144

Country

25 DADE

2a. Mailing Address

26 85 GRAND CANAL DR

Suite, Apt. #, etc.

27 SUITE 202

City & State

28 MIAMI, FLORIDA

Zip

29 33144

Country

30 DADE

9. Name and Address of Current Registered Agent

ANDUJAS, LUIS  
9875 SW 27TH TERRACE  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

HUGO OLIVA

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

85 GRAND CANAL DR.

83

SUITE 202

84 City

MIAMI

FL

85 Zip Code

33144

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

4-29-98

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME ANDUJAS, LUIS  
STREET ADDRESS 9875 SW 27 TERRACE  
CITY-ST-ZIP MIAMI FL 33165

TITLE VP ☒ DELETE

NAME OLIVA, HUGO  
STREET ADDRESS 14383 SW 38 ST  
CITY-ST-ZIP MIAMI FL 33175

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME HUGO OLIVA

1.3 STREET ADDRESS 85 GRAND CANAL DR. SUITE 202

1.4 CITY-ST-ZIP MIAMI, FLORIDA 33144 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

4-29-98