PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021521

1. Corporation Name

DISCOVER MORTGAGE, CORP.

Fillicipal Flace of Busille
10300 SUNSET DR.
STE. 275-C

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90012 040 ***150.00



Principal Place of Business Mailing Address					I (091/100) time time and early early early early early early early rider times fire year		
10300 SUNSET DR. 10300 SUNSET DR.							
STE. 275-C STE. 275-C					DO NOT WRITE IN THIS SPACE		
MIAMI FL 33173 MIAMI FL 33173					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					03/08/1996		
2. Principal Place of Business 2a. Mailing Address					4 FEI Number Applied For		
2. Principal Place of Business 2a. Mailing Address 21/0300 SUNSET OR #275-C 26 /0300 SUNSET				#275	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc. Suite, Apt. #, etc.				4.02/2	\$8.75 Additional		
22 27					5. Certificate of Status Desired Fee Required		
	City & State City & State				6. Election Campaign Financing \$5.00 May Be		
23 MIA	miami, PL 33/73 28 Miami FL			3/73	Trust Fund Contribution Added to Fees		
Zip			Country		This corporation owes the current year Intangible		
24	25	29 3	0		Personal Property Tax. Yes No		
	9. Name and Address of Current	Registered Agent	04	A1	10. Name and Address of New Registered Agent		
101 5	CIAC DEDNADDO A		81	Name			
	SIAS, BERNARDO A		82	Street Address (P.O. Box Number is Not Acceptable)			
10300 SUNSET DR.							
STE. 275-C MIAMI FL 33173			83				
IANICAL	WITE 331/3		84	City	85 Zip Code		
		1007.4500.51 01.1.1.			FL		
office or r	egistered agent/or both_in the State o	it Florida. Such change was auti	horized by	tne corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes				
SIGNATURE	1) /21 /	7			uired when reinstating) DATE DATE		
43	or printed name of registered agent OFFICERS AND		13.	i signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PSD	□ DELETE	1.1 TITLE		Change Addition		
NAME	IGLESIAS, BERNARDO A		1.2 NAME				
STREET ADDRESS	ACCOUNT OF ART AR		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-S	1			
TITLE	Will Box 1 2 00 17 0	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME			2.2 NAME	-	·		
STREET ADDRESS			2.3 STREET	ADDRESS	·		
CITY-ST-ZIP			2.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change - Addition		
NAME			3.2 NAME		·		
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. C/TY-S	T-ZîP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME	}		5.2 NAME		,		
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ANDRESS			6.3 STREET	ADDRESS	·		

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

273-4606