

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Oct 07 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P96000030773  
1. Corporation Name  
Executive Trust Mortgage Corporation

Principal Place of Business Mailing Address  
6001 N.W. 153rd Street Suite 206  
Miami Lakes, FL 33014  
(Miami Lakes Office Center)

DO NOT WRITE IN THIS SPACE

|                                |                         |                                                                                                        |                                                                       |
|--------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number                                                                                          | Applied For<br>Not Applicable                                         |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 65-0655772                                                                                             |                                                                       |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired                                                                       | <input checked="" type="checkbox"/> \$8.75 Additional<br>Fee Required |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution                                              | <input type="checkbox"/> \$5.00 May Be<br>Added to Fees               |
| 24. Country                    | 29. Country             | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

9. Name and Address of Current Registered Agent

Sophia Flores  
6001 NW 153rd St. #206  
Miami Lakes, FL 33014

10. Name and Address of New Registered Agent

|                                                        |    |
|--------------------------------------------------------|----|
| 81. Name                                               |    |
| 82. Street Address (P.O. Box Number is Not Acceptable) |    |
| 83. City                                               |    |
| 84. State                                              | FL |
| 85. Zip Code                                           |    |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation hereby certifies that the 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: *Sandra B. Mortham* DATE: 8-15-98  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Sophia Flores / President       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6001 N.W. 153rd St. #206        | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | MIAMI LAKES, FL 33014           | 1.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                                 | 2.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME                                              | 7000002655167                                                     |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | 10/08/98-01058-030                                                |
| CITY- ST- ZIP              |                                 | 3.4 CITY- ST- ZIP                                     | ***150.00                                                         |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                                 | 4.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                                 | 5.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                                 | 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.

SIGNATURE: *Sandra B. Mortham* 8-15-98 (305) 820-5535

CR2E034 (5/98)