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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000032444 (7)**

1. Corporation Name
RESIDENTIAL MORTGAGE PROCESSING, INC.

Principal Place of Business
4530 W. 9TH AVE.
HIALEAH FL 33012

Mailing Address
4530 W. 9TH AVE.
HIALEAH FL 33012-3528

3. Date Incorporated or Qualified: 04/15/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1491 East 8th Ave
Suite, Apt #, etc.
22
City & State
23 Hialeah, FLORIDA
Zip 24 33010 Country 25 DADE

2a. Mailing Address
26 P.O. Box 126875
Suite, Apt #, etc.
27
City & State
28 Hialeah, FLORIDA
Zip 29 33010 Country 30 DADE

4. FEI Number: 65-0679439 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ARMENTEROS, ELIZABETH
4530 W. 9TH AVE.
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name: ARMENTEROS, Elizabeth
82 Street Address (P.O. Box Number is Not Acceptable): 1491 EAST 8th Ave
83
84 City: Hialeah, FL FL 85 Zip Code: 33010

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: Elizabeth Armenteros — Elizabeth Armenteros Sec — DATE: 3-10-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	ACOSTA, LINDA	
STREET ADDRESS	4530 W. 9TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	☐ DELETE
NAME	ARMENTEROS, ELIZABETH	
STREET ADDRESS	4530 W. 9TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
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	P.C.	☑ Change ☐ Addition
1.2 NAME	ACOSTA, LIDIA	
1.3 STREET ADDRESS	1491 EAST 8 AVE.	
1.4 CITY-ST-ZIP	HIALEAH, FL. 33010	
2.1 TITLE	SD	☑ Change ☐ Addition
2.2 NAME	Elizabeth Armenteros	
2.3 STREET ADDRESS	1491 East 8 Ave	
2.4 CITY-ST-ZIP	Hialeah, FL. 33010	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Elizabeth Armenteros — Elizabeth Armenteros, Sec — 3-10-97 — 305-217-5472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0116499