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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000038972

1. Corporation Name

EXECUTIVE MORTGAGE OF AMERICA CORP.

EXECUTI	IVE WOTTGAGE OF AWILTIC	A, COIII ·						
Principal Place	of Business	Mailing Address			·		##188 tildt 1810 til	11 (8414 (18) 1881
4711 NW 79TH AVE SUITE #20T		4711 NW 79TH AVE SUITE #20T			DO NOT WRITE IN	THIS SPACE		
MIAMI FL 33166 MIAMI FL 33166					3. Date Incorporated or Qualifed	TIO OI AGE		
US		US 		•		05/01/1996		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				65-0665054		ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22 27								tequired
City & State	9	City & State				6. Election Campaign Financing		May Be
23	<u> </u>	28				Trust Fund Contribution		to Fees
Zip	Country	Zip		intry		8. This corporation owes the current ye	ar intangible ☐ Yes	□No
24	25	29	30	1		Personal Property Tax. 10. Name and Address of New Regist		
	9. Name and Address of Current	Kegistered Agent		81	Name	IV. Name and Address of New Registr	er ed regent	
NIET	O, WALTER A			"	Itallic			
	N.W. 98TH TERRACE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		1
	BROKE PINES FL 33024			83			_	
FCIVI	DONE FINES FE 33024			83				
•				84	City	FL 85 Zip Code		
44 0	the descriptions of Continue 607 0502	and 607 1609 Florida Statu	toe the s	bova	named corno	ration submits this statement for the purpo	se of changing it	s registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was a prisof, Section 607.0505, Flo	authorize orida Stat	d by 1 utes.	the corporation	oration submits this statement for the purpo n's board of directors. I hereby accept the	арропипен аз і	s registered egistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	Florida. Such change was a cons of, Section 607.0505, Florida with the if applicable. (NOT	authorizer orida Stat E: Registerer	d by 1 utes.	the corporation	when reinstating) DA	те	egistered
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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 empswered 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 attachingent with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

Ωate

Daytime Phone #

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90042 005 ***150.00