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Secretary of State

03-01-1999 90244 005 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000039140

1. Corporation Name

INTERNATIONAL MORTGAGE BANKER OF FLORIDA, INC.



Principal Place of Business

200 E COLONIAL DR  
ORLANDO FL 32801  
US

Mailing Address

200 E COLONIAL DR  
ORLANDO FL 32801  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

~~50-3380453~~ 59-3549868

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

PEREZ, DENNICCE  
9108 VALENCIA COLLEGE LN.  
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name

Matilde Zavala - Rodriguez

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

83

1855 Trumbull St.

84 City

Deltona

FL

85 Zip Code

32725

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

*Matilde Zavala - Rodriguez*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/05/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PEREZ, JORGE  
STREET ADDRESS 200 E COLONIAL DR  
CITY-ST-ZIP ORLANDO FL 32801 ☒ DELETE

TITLE P  
NAME PEREZ, DENNICCE  
STREET ADDRESS 200 E COLONIAL DR  
CITY-ST-ZIP ORLANDO FL 32801 ☒ DELETE

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 Cesar Rodriguez  
1.3 STREET ADDRESS 200 E. Colonial Dr.  
1.4 CITY-ST-ZIP Orlando, Florida 32801

2.1 TITLE Vice-President ☒ Change ☐ Addition  
2.2 NAME Matilde Zavala - Rodriguez  
2.3 STREET ADDRESS 200 E. Colonial Dr.  
2.4 CITY-ST-ZIP Orlando, Florida 32801

3.1 TITLE Secretary ☐ Change ☒ Addition  
3.2 NAME Juan M. Rodriguez  
3.3 STREET ADDRESS 200 E. Colonial Dr.  
3.4 CITY-ST-ZIP Orlando, Florida 32801

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

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.

SIGNATURE:

*Matilde Zavala - Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/99

Date

(407) 872-2355

Daytime Phone #

CR2E034 (11/98)