FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$55 May 29 1997 8:00am **PROFIT** FLORIDA DEPARTME CORPORATION Sandra B. M STATE ANNUAL REPORT Secretary of Secretary of State DIVISION OF CORP 1997 DOCUMENT # P96000039983 (7) ONS FLORIDA MORTGAGE CAPITAL, INC. Principal Place of Business Mailing Address 1803 PONCE DE LEON BLVD. 1803 PONCE DE LEON BLVD. CORAL GALBES FL 33134 CORAL GALBES FL 33134-4418 2. Principal Place of Rusiness 21 /805 Ponce de Lem Bres 3a. Date of Last Report 28. Mailing Address 3. Date Incorporated or Qualified 05/09/1996 21 Applied For Not Applicable 22 \$8.75 Additional City. 6 E. Certificate of Status Desired Fee Required 28 Ζip \$5.00 May Be 6. Election Campaign Financing Added to Fees 30 Trust Fund Contribution 29 9. Name and Address of Current Registered Agent virγ 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes FERNANDEZ, EMILIÓ 10. Name and Address of New Registered Agent 1803 PONCE DE LEON BLVD. 81 CORAL GALBES FL 33134 Street Address (P.O. Box Number is Not Acceptable) 82 perions 607.0502 and 607.1508, Floring Statutes, the oth, in the State of Floring Such enange was authorized the obligations of Section 607.0505, Florida St 11. Pursuant to the provisions of Zip Code 85 pove-named corporation submits this statement for the purpo e of changing its registered appointment as registered by the corporation's board of directors. I hereby accept the (NOTE: Registe ered agent and title if applicable FICERS AND DIRECTORS 12. THILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) NAME Addition 1,3 STREET ADDRESS ME CITY - ST - ZIP REET ADDRESS 2.1 THE 14-ST-ZIP 22 NAMI Change Addition LE 2.3 STREET ADDRESS ME. CITY-ST-ZIP REET ADDRESS DELETE 31 TITLE TY-ST-ZIP NAME ☐ Addition LE Change STREET ADDRESS MF CitY-ST-ZIP DELETE REET ADDRESS THILE TY-ST-ZIP NAME Addition Change LE STREET ADDRESS CITY - ST - ZIP DELETE REET ADDRESS TITLE Y-\$T-ZIP NAME Change Addition STREET ADDRESS CITY-ST-ZIF FET ADDRESS DELETE THEE - ST-ZIP NAME Change Addition STREET ADDRESS 14. I do hereby certify that the information, applied with this filling does not qualify for it information indicated on this annual control of the supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, if on an attachment with an address. REET ADDRESS exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under oath; that secule this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

4-29-97. 305-569-9090