

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
FILED

98 JUN -8 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
97/98
998
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041654(0)
1. Corporation Name
MORTGAGE FOR ALL, INC.

Principal Place of Business
**20257 Old Cutler Road
Miami, FL. 33189**

Mailing Address
**Mortgage For All, Inc.
20257 Old Cutler Road
Miami, Florida 33189
Tel (305) 252-2753
Fax (305) 252-2741**

2. Principal Place of Business
21 **20257 Old Cutler Road**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI, FLORIDA**
Zip
24 **33189** Country
25 **USA**

2a. Mailing Address
26 **20257 Old Cutler Road**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI, Florida**
Zip
29 **33189** Country
30 **USA**

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-06/09/98--01103--007
DO NOT WRITE IN THIS SPACE
***315.00 ***315.00
3. Date Incorporated or Qualified
5/14/96

4. FEI Number
65-0665768 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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**VIVES, Grisel
20257 Old Cutler Road
Miami, FL. 33189**

10. Name and Address of New Registered Agent
81 Name **Vives, Grisel**
82 Street Address (P.O. Box Number is Not Acceptable)
20257 Old Cutler Road
83
84 City **MIAMI** FL 85 Zip Code **33189**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE *[Signature]* DATE **6/1/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	VIVES, Grisel	1.2 NAME	VIVES, Grisel
STREET ADDRESS	9745 SUNSET DR # 112A	1.3 STREET ADDRESS	20257 Old Cutler Road
CITY-ST-ZIP	MIAMI, FL 33173	1.4 CITY-ST-ZIP	MIAMI, FL 33189
TITLE	OWNER	2.1 TITLE	VICE PRESIDENT
NAME	GENER, ALBERT	2.2 NAME	GENER, ALBERT
STREET ADDRESS	9745 SUNSET DR # 112A	2.3 STREET ADDRESS	20257 Old Cutler Road
CITY-ST-ZIP	MIAMI, FL 33173	2.4 CITY-ST-ZIP	MIAMI, FL 33189
TITLE	S	3.1 TITLE	SECRETARY
NAME	VIVES, Grisel	3.2 NAME	VIVES, Grisel
STREET ADDRESS	9745 SUNSET DR # 112A	3.3 STREET ADDRESS	20257 Old Cutler Road
CITY-ST-ZIP	MIAMI, FL 33173	3.4 CITY-ST-ZIP	MIAMI, FL 33189
TITLE	T	4.1 TITLE	TREASURER
NAME	GENER, ALBERT	4.2 NAME	GENER, ALBERT
STREET ADDRESS	9745 SUNSET DRIVE #112A	4.3 STREET ADDRESS	20257 Old Cutler Road
CITY-ST-ZIP	MIAMI, FL 33173	4.4 CITY-ST-ZIP	MIAMI, FL 33189
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 appearing in this filing does not clearly for the even prior stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this filing is a true and correct copy of the information on file 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, and that I am 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, and in any case with an address.

SIGNATURE: *[Signature]* DATE: **6/1/98** (305) 252-2753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)