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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600053866 (5)

AMERISTAR MORTGAGE, CORP.

Principal Place of Busin Mailing Address AMERISTAR MORTGAGE CORP. 780 N.W. Lejeune Road **Suite** 520 3. Date Incorporated or Qualified 3a. Date of Last Report Miami Florida 33126 06/25/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 25 24 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BOTELLO. JOSE 81 Name AMERISTAR MORTGAGE CORP. 780 N.W. Lejeune Road Street Address (P.O. Box Number is Not Acceptable) 83 **Buito** 520 mi Florida 33126 84 Zip Code 11. Pursuant to the provisions of Cections 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. Lam fanutal will and a step the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registored Agent signature required when reinstating) ame of regestered agent and title. Lappicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE THEF 11 TITLE Change Addition LOPEZ, JOSE E NAME 1.2 NAME 780 pro. Lejoure Rd sinte 520 STREET ADORESS 13 STREET ADDRESS MIAM! FL CHTY-S1-ZIF 1.4 C(TY - ST - ZIP DS DELETE 3/H F 21 TITLE Change Addition ALVARADO, ERNESTO E NAME 22 NAME 20733 SW 86 CT. SUBSET ADORESS 23 STREET ADDRESS MIAMI FL 33186 CITY - ST - ZO 2 4 City-St-ZIP DELETE Table 31 THLE Change Addition 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZP 34. CITY-ST-ZIP DELETE TAILE 41 TITLE ☐ Change Addition 4 2 NAME

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 suppliencental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the comporation or the receiver or true or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on a cattle benefit with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6 3 STREET ADDRESS 6 4 CHY+ST-ZIP

5 4 CHY-ST-ZIP

4.4 City - St - ZiP

5.1 TITLE

6.1 TITLE

6.2 NAMÉ

DELETE

DELETE

SIGNATURE

Sample it

STREET ADORESS

CITY: ST-ZIF

CITY ST-ZIF

STREET ADDRESS.

THE

NAME STREET ADDRESS

TITLE

NAME

27-97 305-443-4

000002075520° -02/03/97--01023--027 ***165.00 Addition

Addition

Change

FILED

Jan 31 1997 8:00am

Secretary of State