

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000064058**

1. Corporation Name

**TRUST INVESTMENT GROUP MORTGAGE DIVISION, INC.**

Principal Place of Business

1021 S.W. 74TH AVENUE  
MIAMI FL 33144  
US

Mailing Address

1021 S.W. 74TH AVENUE  
MIAMI FL 33144

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90133 004 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/26/1996**

4. FEI Number

**65-0699530**

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

**CUELLAR, AHIYUN**  
**1020 S.W. 74TH AVENUE**  
**MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D/PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUELLAR, FERNANDO A</b>	1.2 NAME	<b>ALHIYUN CUELLAR</b>
STREET ADDRESS	<b>1021 S.W. 74TH AVE.</b>	1.3 STREET ADDRESS	<b>1021 S.W. 74th AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33144</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>D/SEC.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>CONRAD JENKINS</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>15821 N.W. 29th AVE. MIAMI FL 33169</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D/SEC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>ROSITA P. CUELLAR</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1021 S.W. 74th AVE.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MIAMI FL 33144</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: ALHIYUN CUELLAR/D. PRES.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/1999**

Date

**305-265-6210**

Daytime Phone #

CR2E034 (11/98)