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

Mailing Address
8415 CORAL WAY

MIAMI FL 33155-2348

2a. Mailing Address

SUITE 204

26

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

8415 CORAL WAY

MIAMI FL 33155

SUITE 204

21



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000064249 (1)

AFFILIATED MORTGAGE LENDERS.INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUIDIAZ, JESUS 8415 CORAL WAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 204 83 MIAMI FL 33155 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6)\_\_\_ DELETE TITLE 1.1 TITLE Change Addition RUIDIAZ, JESUS NAME 1.2 NAME 8415 CORAL WAY SUITE 204 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIE 1.4 CITY - ST - ZIP SV DELETE TITLE 2.1 TITLE Change Addition RUIDIAZ, JESUS NAME 2.2 NAME 8415 CORAL WAY SUITE 204 STREET ADORESS 2.3 STREET ADDRESS **MIAMI FL 33155** 2.4 City-St-ZIP COY-ST-20 DELETE \_\_\_ Addition TITLE 31 TITLE Change MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIF 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-7/F 5.4 CITY - ST - ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAMÉ 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7-P 64 CITY-ST-ZIP 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 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 register or trusteerempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of or a valuachment with an address.

FILED Feb 05 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

Not Applicable



3. Date incorporated or Qualified

Date

Daytime Phone #

07/31/1996

4. FEI Number