

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

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**Mar 20 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000078223 (0)**

1. Corporation Name  
**DIVERSIFIED MORTGAGE SPECIALISTS, CORP.**



Principal Place of Business  
**11513 NW 4TH TER  
MIAMI FL 33172**

Mailing Address  
**11513 NW 4TH TER  
MIAMI FL 33172-4939**

3. Date Incorporated or Qualified <b>09/19/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0701855</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business  
21 | **5775 Blue Lagoon Dr.**  
Suite, Apt. #, etc  
22 | **Suite #140**  
City & State  
23 | **Miami, Florida**  
Zip Country  
24 | **33126 USA**

2a. Mailing Address  
26 | **5775 Blue Lagoon Dr.**  
Suite, Apt. #, etc  
27 | **Suite #140**  
City & State  
28 | **Miami, Florida**  
Zip Country  
29 | **33126 USA**

9. Name and Address of Current Registered Agent

**GOMEZ, MANUELA J  
11513 NW 4TH TER  
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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: *Manuela Gomez*

(SOLE Registered Agent signature required when re-registering)

DATE: **3-12-97**

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>GOMEZ, MANUELA J</b>	
STREET ADDRESS <b>11513 NW 4TH TER</b>	
CITY-ST-ZIP <b>MIAMI FL 33172</b>	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME <b>PEREZ-ABREU, Emelina</b>	
13 STREET ADDRESS <b>820 Obispo Avenue</b>	
14 CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME	
63 STREET ADDRESS	
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 included 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.

SIGNATURE: *Manuela Gomez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3-12-97**

DAYTIME PHONE # **305 223-2710**

CR2E034 (9/96)