

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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90020 049 ***550.00

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DOCUMENT # P96000078223

1. Corporation Name

DIVERSIFIED MORTGAGE SPECIALISTS, CORP.

Principal Place of Business

5775 BLUE LOGOON DR
STE 140
MIAMI FL 33126
US

Mailing Address

5775 BLUE LOGOON DR
STE 140
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1996

4. FEI Number

65-0701855

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 15450 New Barn Road

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 308

Suite, Apt. #, etc.

27

City & State

23 Miami Lakes, FL

City & State

28

Zip

24 33014

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GOMEZ, MANUELA J
5775 BLUE LOGOON DR
#140
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
MANUELA J. GOMEZ

82 Street Address (P.O. Box Number is Not Acceptable)
15450 New Barn Road

83 308

84 City
Miami Lakes

FL

85 Zip Code
33014

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 J. Gomez

(NOTE: Registered Agent signature required when reinstating)

DATE

5/4/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GOMEZ, MANUELA J
STREET ADDRESS 11513 NW 4TH TER
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE
NAME PEREZ-ABREU, EMELINA
STREET ADDRESS 820 OBISPO AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Gomez, Manuela J.
1.3 STREET ADDRESS 9120 Taft Street
1.4 CITY-ST-ZIP Pembroke Pines, FL 33024

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Manuela J. Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/99

CR2E034 (11/98)