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May 13, 1999 8:00 am
Secretary of State
05-13-1999 90013 037 ***163.75

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PROFIT CORPORATION ANNUAL REPORT
1999

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

560434 - 90067 - 1

DOCUMENT # P96000088959

1. Corporation Name
Casita Mortgage, Inc.

Principal Place of Business / Mailing Address
75 Valencia Avenue, 4th Floor
Coral Gables, FLA 33134

3. Date Incorporated or Qualified: 10-29-1996	3a. Date of Last Report: 4/9/98
4. FEI Number: 65-0704144	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 has liability for intangible tax under s. 199.032, Florida Statutes: ☑ Yes ☐ No	

2. Principal Place of Business
21: 75 Valencia Ave
22 Suite, Apt. #, etc.: 4th Floor
23 City & State: Miami FL
24 Zip: 33134
25 Country: Dade

2a. Mailing Address
25: - same -
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

9. Name and Address of Current Registered Agent

Alicia B. Ortiz
7250 SW 99 ST
Miami, Fla 33156

10. Name and Address of New Registered Agent

31 Name:
32 Street Address (P.O. Box Number is Not Acceptable):
33:
34 City: FL 35 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: Alicia Ortiz — (305) 446-4111 — 4/29/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Ortiz, Alicia B. 7250 SW 99 st Miami, FLA 33156 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 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: Alicia Ortiz