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Apr 14 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 # **P96000090192 (1)**

1. Corporation Name
PINCH-A-PENNY MORTGAGE CORP.

Principal Place of Business	Mailing Address
4315 N.W. 167TH STREET MIAMI FL 33055	4526 NW 163RD STREET MIAMI FL 33054-6014

3. Date Incorporated or Qualified: 11/01/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 1840 W. 49th ST PH701
City & State: 23 Hialeah, FL
Zip: 24 33012
Country: 25 USA

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

4. FEI Number: 65-0705296 ☐ 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

9. Name and Address of Current Registered Agent

FREITAS, VIVIANA
4315 N.W. 167TH STREET
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name: FREITAS, VIVIANA
82 Street Address (P.O. Box Number is Not Acceptable): 1840 W. 49th ST. PH 701
83
84 City: Hialeah, FL 85 Zip Code: 33012

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: Viviana Freitas PD
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	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	FREITAS, VIVIANA		1.2 NAME	Viviana Freitas	
STREET ADDRESS	4315 N.W. 167TH STREET		1.3 STREET ADDRESS	1840 W. 49th ST PH701	
CITY-ST-ZIP	MIAMI FL 33055		1.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	BUKOWIECKI, MARIA C		2.2 NAME	Maria C. Bukowiecki	
STREET ADDRESS	4315 N.W. 167TH STREET		2.3 STREET ADDRESS	1840 W. 49th ST PH 701	
CITY-ST-ZIP	MIAMI FL 33055		2.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Viviana Freitas PD