SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600095875 (6) MORTGAGE CAPITAL USA INC.

FILED Aug 04 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address				
85 GRAND CANAL DR., STE. 407		85 GRAND CANAL DR., STE. 407				
MIAMI FL 33144		MIAMI FL 33144				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 3a. Date of Last Report	
					<u>11/25/1996</u>	
	ace of Business	2a. Mailing Address	0		4. FEI Number Applied For	
	and Canal Dr Ste 408	26 85 Grand Cal	nul pr SIE	408	65.070-98-69 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
	408	27 408			Fee Required	
City & State		City & State 3 3 / 9 6			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29 3	0		Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RODRIGHEZ RODGLEG A						
HODINGOLD ON					turo Kodriquez	
9260 SW 149 CT.				et Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33196 926					60 5W 149C+	
			83	m		
			84 City		85 Zio-Code	
Wight FL 33,96						
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 talle if applicable (NOTE: Registered Agent signature required when reins 12. OFFICERS AND DIRECTORS 13. ADD						
TITLE	D OFFICERS AND	DELETE	13. 1.1 TITLE	1 1 1 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Ce President Dange Daddition	
NAME	RODRIGUEZ, RODOLFO A			0	dollo Rochaves	
	9260 SW 149 CT.		1.2 NAME	100	.60 Sw 149 Ct	
STREET ADDRESS	MIAMI FL 33196		1.3 STREET ADDRESS		14 1 33196	
CITY-ST-ZIP TITLE	WALLES OF THE STATE OF THE STAT	DELETE	1.4 CITY-ST-ZIP			
1			2.1 TITLE	h.	@ Sichert Change M Addition	
NAME			2.2 NAME	A	rturo Rodriquez	
STREET ADDRESS			2.3 STREET ADDRESS		60 3 w 149 Ct	
CITY-ST-ZIP		TT prierr	2. 4 CITY - ST - ZIP	m	19 F1 33196	
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	1	Change Addition	
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS	Ī		
CITY-ST-ZIP			4.4 CITY - ST - ZIP	L		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	1		
CITY-ST-ZIP		T brieve	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	<u> </u>		
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 cath; that I am an officer or director of the corporation or tho 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 attachmost with an address.						