May 06, 1999 8:00 am Secretary of State

05-06-1999 90094 023 ***158.75

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

DOCUMENT # P96000095875

1. Corporation Name

MORTGA	AGE CAPITAL USA INC					
Principal Place	of Business	Mailing Address				
85 GRAND CANAL DR STE 408 B5 GRAND CANAL DR., STE. 407						
MIAMI FL 33144					DO NOT WRITE IN THIS SP	ACE
US					Date Incorporated or Qualifed	
1					11/25/1996	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0709869	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State	_		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country		Country		8. This corporation owes the current year Intang	
24 33	144 25	29 30	٠ .			Yes No
 <u> </u>	9. Name and Address of Cui				10. Name and Address of New Registered Ag	ent
	<u> </u>	=	81	Name		
rodriguez, rodolfo a			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
9260 SW 149 ST					,	
MIAMI FL 33196			83			
			84	City	- ,	85 Zip Code
1					FL (<u> </u>
11. Pursuant office or r	to the provisions of Sections 607. egistered/agent/or both in the St	0502 and 607.1508, Florida Statutes, ate of Florida. Such change was authorities of Florida.	the above orized by	e-named corp the corporation	poration submits this statement for the purpose of chapters on's board of directors. I hereby accept the appointment of the purpose of the pu	inging its registered ent as registered
				,	04/28	'aa
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Reg	gistered Ager	nt signature require	ed when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	
TITLE	PD	☐ DELETE	1.1 TITLE		L	Change Addition
NAME	RODRIGUEZ, RODOLFO A		1.2 NAME			
STREET ADDRESS	9260 SW 149 CT.		1.3 STREE	ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-S	T-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		_	Johange
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE			
CITY-ST-ZIP		□ DELETE	2. 4 CITY-5 3.1 TITLE	51-ZIP		Change Addition
TITLE			3.2 NAME		_	, g- <u></u>
NAME				TADDRESS		
STREET ADDRESS			3.4. CITY-5			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	-1 411		Change Addition
NAME .			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S			

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 eport is tore 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 eccivery or fustee 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 attaction with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: 2

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

266-2929

Change

Change

Addition

Addition