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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000099025 (4)**

1. Corporation Name
CAPITAL MORTGAGE CORP.

Principal Place of Business	Mailing Address
1431 VENETIA AVE. CORAL GABLES FL 33134	1431 VENETIA AVE. CORAL GABLES FL 33134-2259

3. Date Incorporated or Qualified: 12/05/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1890 SW 57 Ave	26 1890 SW 57 Avenue
Suite, Apt. #, etc. 22 109	Suite, Apt. #, etc. 27 109
City & State 23 Miami, Fla	City & State 28 MIAMI, FLA
Zip 24 33155 Country 25 USA.	Zip 29 33155 Country 30 USA

4. FEI Number: 65-0721773 ☐ 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

MALOUF, JUAN C
1431 VENETIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Elizabeth Maloff
82 Street Address (P.O. Box Number is Not Acceptable): 1890 SW 57 Avenue
83 # 109
84 City: Miami FL 85 Zip Code: 33155

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: E Maloff (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☒ Change ☒ Addition
NAME	MALOUF, JUAN C	1.2 NAME	Elizabeth Malouf
STREET ADDRESS	1431 VENETIA AVE.	1.3 STREET ADDRESS	1431 Venetia Ave.
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Coral Gables, Fla 33134
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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: E Maloff Juan C. Malouf 2/4/97 (305) 445-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0003157