

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90223 016 ***150.00

DOCUMENT # P96000101530

1. Corporation Name

MORTGAGE PLUS GROUP INC.

Principal Place of Business

~~9000 S.W. 87 CT~~
~~#100~~
MIAMI FL 33176
US

Mailing Address

~~9000 SW 87 CT~~
~~100~~
MIAMI FL 33176
US

Change
address

change
address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1996

4. FEI Number

65-0713434

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 10621 N. Kendall DR.

Suite, Apt. #, etc.

22 Suite 218

City & State

23 Miami, Fla.

Zip

24 33176

Country

25 Dade

2a. Mailing Address

26 10621 N. Kendall DR.

Suite, Apt. #, etc.

27 Suite 218

City & State

28 Miami, Fla.

Zip

29 33176

Country

30 Dade

9. Name and Address of Current Registered Agent

ESTEVEZ, AIDA
3505 S. OCEAN DR., STE. CU-3B
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

AIDA ESTEVEZ

82 Street Address (P.O. Box Number is Not Acceptable)

10621 N. Kendall DR.

83

Miami, Fla. Suite 218

84 City

FL

85 Zip Code

33176

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ESTEVEZ, AIDA	
STREET ADDRESS	5720 SW 120TH ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ALMEIDA, DANIEL	
STREET ADDRESS	11357 SW 150TH PL	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AIDA ESTEVEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	10625 S.W. 130th.	
1.3 STREET ADDRESS	Miami, Fla. 33176	
1.4 CITY-ST-ZIP	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	JOSEFNA OJEDA	
2.2 NAME	15625 SW 62nd Terr	
2.3 STREET ADDRESS	Miami A 33193	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)