FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000008204 (4)

1. Corporation Name

PRIME FORECLOSURES, INC.

Principal Place of Business	Mailing Address
1607 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134	1607 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/28/1997

2. Principal Place of Business		2a. Mailing Address	4. FEI Number	Applied For
21		**26** 225 ROMANO AVENUE	65-0734367	Not Applicable
Suite, Apt. #, etc **22**		Suite, Apt. #, etc. **27**	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**		City & State **28** Coral Gables, FL	**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29** 33135	Country **30** USA	**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NUNEZ, ALEJANDRO ESQ 1607 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City FL **85** Zip Code

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: _____ Alejandro Nuñez, ESQ. 3/23/98
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	**PSTD**	1.1 TITLE	☐ Change	☐ Addition
NAME	**GALLO, ALICIA**	1.2 NAME		
STREET ADDRESS	**225 ROMANO AVENUE**	1.3 STREET ADDRESS		
CITY-ST-ZIP	**CORAL GABLES FL 33135**	1.4 CITY-ST-ZIP		
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 (10/97)

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 all addresses.

SIGNATURE: _____ PSA 4/27/98 1246272