


FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90076 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000009054					
1. Corporation Name 1-A MORTGAGE CORP.					
Principal Place of Business 798 crandon blvd, SUITE #8 KEY BISCAYNE, FL 33149			Mailing Address 141 CRANDON BLVD SUITE 240 KEY BISCAYNE, FL 33149		



DO NOT WRITE IN THIS SPACE

 3. Date Incorporated or Qualified
1/29/1997

2. Principal Place of Business 21 923 CRANDON BLVD.		2a. Mailing Address 26 141 CRANDON BLVD		4. FEI Number 65-0745847		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 240		5. Certificate of Status Desired. <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 KEY BISCAYNE, FL		City & State 28 KEY BISCAYNE, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 33149		Country 25 U.S.		Zip 29 33149		Country 30 U.S.	

9. Name and Address of Current Registered Agent ANTONIO AGUIRRE 141 CRANDON BLVD. suite 240 KEY BISCAYNE, FL 33149				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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, 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 ANTONIO G. AGUIRRE DATE 2/3/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <u>PRESIDENT</u> <input type="checkbox"/> DELETE NAME <u>ANTONIO AGUIRRE</u> STREET ADDRESS <u>141 CRANDON BLVD. SUITE 240</u> CITY-ST-ZIP <u>KEY BISCAYNE, FL 33149</u>				1.1 TITLE <u>PRESIDENT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <u>ANTONIO AGUIRRE</u> 1.3 STREET ADDRESS <u>141 CRANDON BLVD. SUITE 240</u> 1.4 CITY-ST-ZIP <u>KEY BISCAYNE, FL 33149</u>			
TITLE <u>VICE PRESIDENT</u> <input type="checkbox"/> DELETE NAME <u>DOMINGO CORTINEZ</u> STREET ADDRESS <u>150 OCEAN LANE DR APT 2G</u> CITY-ST-ZIP <u>KEY BISCAYNE, FL 33149</u>				2.1 TITLE <u>VICE PRESIDENT</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <u>DOMINGO CORTINEZ</u> 2.3 STREET ADDRESS <u>150 OCEAN LANE DR APT 2G</u> 2.4 CITY-ST-ZIP <u>KEY BISCAYNE, FL 33149</u>			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: ANTONIO G. AGUIRRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

305-365-6000

Date

Daytime Phone #