## 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 # P97000021450

LATIN MORTGAGE FINANCE CORPORATION

Principal Place of Business \$100 SOUTHWEST 137 AVENUE. SUTE 112 MIAMI FL 33186  \$100 SOUTHWEST 137 AVENUE. SUTE 112 MIAMI FL 33186  \$100 SOUTHWEST 137 AVENUE. SUTE 112 MIAMI FL 33186  \$100 SOUTHWEST 137 AVENUE. SUTE 112 MIAMI FL 33186  \$100 SOUTHWEST 137 AVENUE. SUTE 112 MIAMI FL 33186  \$100 SOUTHWEST 137 AVENUE. SUTE 112  \$100 SOUTHWEST 137 AVENUE, SUTE 112  \$100 SOUTHWEST 137
MIAMI FL 33186  MIAMI FL 33186  DD NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 03/10/1997  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0733236 Not Applied For 27
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Applied For Status Desired   Applied For Not Applicable   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   2. City & State   City & State   City & State   City & State   3. Country   Zip   Country   B. This corporation owes the current year intangible   Added to Fees   Personal Property Tax.   Yes   No   3. Name and Address of Current Registered Agent   3. Name and Address of New Registered Agent   3. Name   Suite, Apt. #, etc.   Suite, Apt. #, etc.   3. Country   Zip   Country   B. This corporation owes the current year intangible   Personal Property Tax.   Yes   No   Personal Property Tax.   Yes   No    3. Name and Address of New Registered Agent   3. Name   Suite, Apt. #, etc.   Suite, Apt. #, etc.   3. Street Address (P.O. Box Number is Not Acceptable)   3. Street Address (P.O. Box Number is Not Acceptable)   3. Street Address (P.O. Box Number is Not Acceptable)   3. Applied For   3. Address (P.O. Box Number is Not Acceptable)   3. Street Address (P.O. Box Number is Not Acceptable)   3. Street Address (P.O. Box Number is Not Acceptable)   3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12 Number   3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13 Number   3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14 Number   3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1
3, Date Incorporated or Qualified 03/10/1997 2. Principal Place of Business 2. Mailing Address 4. FEI Number 65-0733236 Not Applied For Not Applied For Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired   \$8.775, Additional Fee Required Fee Re
2. Principal Place of Business 2. Mailing Address 4. FEI Number 5. G5-0733236
2. Principal Place of Business
Suite, Apt. #, etc.   Status Desired   \$8.75, Additional Fee Required   Fee Requir
Suite, Apt. #, etc.    Suite, Apt. #, etc.
Suite, Apt. #, etc.    Suite, Apt. #, etc.
City & State  Country  Country  Zip  Country  Zip  Country  B. This corporation owes the current year intangible Personal Property Tax.  In Name and Address of New Registered Agent  CANCIANO, HECTOR  9010 SW 137TH AVE. #112  MAIMI FL 33186  B3  City  FL  B5  Zip Code  CITY  COMMITTER  S2  Street Address (P.O. Box Number is Not Acceptable)  S4  City  FL  B5  Zip Code  CITY  CANCIANO, HECTOR  S4  City  FL  B5  Zip Code  Country  City & State  Added to Fees  B1  Name  CANCIANO, HECTOR  S4  City  FL  B5  Zip Code  City  City  Canciano  Code  City  Code  Concient  Code  Concient  Code  Concient  Code
Zip   Country   Zip   Country   Zip   Country   R. This corporation owes the current year intangible   Personal Property Tax.   Yes   No
Zip
24
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  CANCIANO, HECTOR 9010 SW 137TH AVE. #112 MAIM! FL 33186  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 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, 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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  9010 SOUTHWEST 137 AVENUE, SUITE 112  1.3 STREET ADDRESS  MIAM! FL 33186
CANCIANO, HECTOR 9010 SW 137TH AVE. #112 MAIMI FL 33186  2 Street Address (P.O. Box Number is Not Acceptable)  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83
CANCIANO, HECTOR 9010 SW 137TH AVE. #112 MAIMI FL 33186  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  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  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS   13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   PSTD   DELETE   11 TITLE   Change   Addition    NAME   CANCIANO, HECTOR   12 NAME    STREET ADDRESS   9010 SOUTHWEST 137 AVENUE, SUITE 112   1.3 STREET ADDRESS    CITY-ST-ZIP   MIAMI FL 33186
9010 SW 137TH AVE. #112  MAIMI FL 33186  82 Street Address (P.O. Box Number is Not Acceptable)  83
MAIMI FL 33186  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  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  CANCIANO, HECTOR  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33186  14 CITY-ST-ZIP  MIAMI FL 33186
## City ## Land  ## Land  ## Land  ## City ## Land  ## L
## City ## Land  ## Land  ## City ## Land  ##
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.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PSTD  CANCIANO, HECTOR  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33186  14. CITY-ST-ZIP
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.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PSTD  CANCIANO, HECTOR  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33186  14. CITY-ST-ZIP
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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PSTD  CANCIANO, HECTOR  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33186
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PSTD DELETE 11.1 TITLE 1.2 NAME  STREET ADDRESS 9010 SOUTHWEST 137 AVENUE, SUITE 112 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 1.4 CITY-ST-ZIP
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 DELETE 11 TITLE  CANCIANO, HECTOR  STREET ADDRESS 9010 SOUTHWEST 137 AVENUE, SUITE 112  MIAMI FL 33186  14 CITY-ST-ZIP  MIAMI FL 33186
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 DELETE 11 TITLE  CANCIANO, HECTOR  STREET ADDRESS 9010 SOUTHWEST 137 AVENUE, SUITE 112  MIAMI FL 33186  14 CITY-ST-ZIP  MIAMI FL 33186
TITLE PSTD DELETE 11 TITLE CANCIANO, HECTOR 12 NAME STREET ADDRESS 9010 SOUTHWEST 137 AVENUE, SUITE 112 13 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 14 CITY-ST-ZIP
NAME CANCIANO, HECTOR 12 NAME STREET ADDRESS 9010 SOUTHWEST 137 AVENUE, SUITE 112 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 1.4 CITY-ST-ZIP
STREET ADDRESS 9010 SOUTHWEST 137 AVENUE, SUITE 112 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI FL 33186 1.4 CITY-ST-ZIP
STREET ADDRESS 9010 SOUTHWEST 137 AVENUE, SUITE 112 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
CITY-ST-ZIP MIAMI FL 33186 1.4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Addition C
NAME 2.2 NAME
UNICE POLICE
CITY-ST-ZIP 2.4 CITY-ST-ZIP
Change C Addition
TITLE DELETE 31 TITLE Change Addition
Change C Addition
TITLE DELETE 31 TITLE Change Addition
TITLE DELETE 311TILE Change Addition  NAME 32 NAME
TITLE 31TITLE 31TITLE Change Addition  NAME  STREET ADDRESS 33 STREET ADDRESS

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

 $C = \{C_1, C_2\}$ 

**FILED** 

Feb 12, 1999 8:00am

**Secretary of State** 

02-12-1999 90021 013 \*\*\*150.00

Change

☐ Change

☐ Addition

Addition