

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034656

1. Corporation Name

HOMETOWN MORTGAGE OF AMERICA, INC.

Principal Place of Business

216 CATALONIA AVE
SUITE #107H
CORAL GABLES FL 33134

Mailing Address

216 CATALONIA AVE
SUITE #107H
CORAL GABLES FL 33134

FILED

99 DEC 14 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8574 SW 85th

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

Zip

24 33144

Country

25 USA

2a. Mailing Address

26 8574 SW 85th

Suite, Apt. #, etc.

27 City & State

28 Miami, Florida

Zip

29 33144

Country

30 USA

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

65-0755885

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.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PUPO, WILLIAM L
216 CATALONIA AVE
SUITE #107H
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8574 SW 85th

83

84 City

Miami

FL

85 Zip Code

33144

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of sections 607.0502 and 607.1509, 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

10/02/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME PUPO, WILLIAM L

STREET ADDRESS 216 CATALONIA AVE

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME PUPO, WILLIAM L

1.3 STREET ADDRESS 8574 SW 85th

1.4 CITY-ST-ZIP Miami, FL 33144

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

[Signature]

Date

Daytime Phone #

10/02/99

CR2E034 (5/99)