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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000040995 (7) DOCUMENT #

AAA QUICK'N EASY MORTGAGES INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		1 12 11 12 13 13 13 13 13 13 13 13 13 13 13 13 13	44111 41911 4111 4111 4111 4111
3990 W. FLAGLER, SUITE 305	3990 W. FLAGLER. SUITE 305			
CORAL GABLES FL 33134	CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			05/05/1997	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 3990 W. Flogler 66.	26 Same		65-6757929	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
2 305	27		Certificate of Status Desired	Fee Required
City & State	City & State		8. Election Campaign Financing	\$5.00 May Be
23 Coral Gables, FC	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	This corporation owes or has paid	— • • • •
24 33134 25 U.S.	[29] [3	0]	Personal Property Tax due June 3	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name 1 1				
MESIAS, HUGO		Hu	90 Mesas	
3990 W. FLAGLER, SUITE 305		82 Street Ad	diess (P.O. Box Number is Not Acceptable	#305
CORAL GABLES FL 33134		83	w. Flogler st.	# 30-3
•				
•		84 City	al Caplac	FL 85 Zip Code 73134
11. Pursuant to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the showe named co		
office or registered agent, or both, in the State c agent Lam ar with, and accept the obligat	Florida. Such change was aut	horized by the corpor	ation's board of directors. I hereby accept	the appointment as registered
		da Statules.		
SIGNATURE June 19 June	97.5 Annual liber if a policy block (NOTE: F	Registered Agent signature req	uired when reinstating)	DATE
12. OLFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	N
TITLE DUESIDENT	DELE TE	1.1 TITLE		☐ Change ☐ Addition ♀
NAME ILULA MESIL	L C	12 NAME		X
STREET ADDRESS	305	1 3 STREET ADDRESS		[[[
CITY-ST-ZIP STOWEST PLA	DUENSUITE OF	1.4 CITY-ST-ZIP		<u>2</u>
TITLE	☐ DELETE	2 1 TITLE		Change Addition O
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 City - St - ZiP		
TITLE	☐ DELETE	31 TITLE		Change
NAME		3.2 NAME		1
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP	Derve	34. CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		ļ
STREET ADDRESS		4.3 STREET ADDRESS		
CHY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE	LI DECEIG	5.1 TITLE		Change Addition
NAME		5.2 NAME		į
STREET ADDRESS		5.3 STREET ADDRESS		17
City-St-ZiP	DELETE	5.4 CITY-ST-ZIP		Change A::":
TITLE	ר ח הנרנונ	6.1 TITLE		Lij Glange Lij A
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City-St-ZiP	this filing does not qualify for t	6.4 CITY-ST-ZIP	n Section 119 07(3)(i) Florida Statutes Ltr	other certify that the informet
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 informat indicated on this annual report or supplied under oath; that I am at a course and that my signature shall have the same legal effect as if made under oath; that I am at a course and that my signature shall have the same legal effect as if made under oath; that I am at				
indicated on this annual report or susultemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation of the co				
- · A 1 W I				4