


**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90118 004 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P97000046259

1. Corporation Name

M.N.D. MORTGAGE COMPANY

Principal Place of Business

6235 S.W. 127 COURT  
MIAMI FL 33183

Mailing Address

6235 S.W. 127 COURT  
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

65-0756418

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

9. Name and Address of Current Registered Agent

~~BORELL, ALEXANDER E EGO~~  
~~6235 S.W. 127 COURT~~  
~~MIAMI FL 33183~~

10. Name and Address of New Registered Agent

81 Name **LUIS O. RODRIGUEZ**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6235 SW 127 COURT**

84 City

MIAMI,

FL

85 Zip Code  
33183

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

APRIL 4, 1999

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **DP RODRIGUEZ, RAMIER**  
 STREET ADDRESS **6235 S.W. 127 COURT**  
 CITY-ST-ZIP **MIAMI FL 33183**

1.2 TITLE ☒ DELETE

NAME **DV ~~BORELL, ANBREA~~**  
 STREET ADDRESS **~~1911 S.W. 127 COURT~~**  
 CITY-ST-ZIP **~~MIAMI FL 33175~~**

1.3 TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **LUIS O. RODRIGUEZ**  
 2.3 STREET ADDRESS **6235 SW 127 COURT**  
 2.4 CITY-ST-ZIP **MIAMI, FL 33183**

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 ADDRESS  
 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-17-99

Date

Daytime Phone #