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

PROFIT CORPORATION ANNUAL REPORT

1, Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P9700050414

IBERIA MORTGAGE, CORPORATION

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90105 020 ***150.00

IDENIA II 	WONTGAGE, CONFORMION)
Principal Plac	e of Business	Mailing Address		{	Na Manin Manan Milami di	911 B181 1881
l '		543 NORTHWEST 77TH STRE	FT .			
543 NORTHWEST 77TH STREET 543 NORTHWEST 77TH STF SUITE 202 SUITE 202						
BOCA RATON FL 33487 BOCA RATON FL 33487				DO NOT WRITE IN TH	IS SPACE	
]				3. Date Incorporated or Qualifed		
				06/06/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		lied For
21		26		65-0758861		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ac Fee Req	
22		City & State				
City & Stat	e .	⊢ ¬ ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
23 Zin	Country	Zip	Country			1 663
Zip	25	<u> </u>	10	 This corporation owes the current year I Personal Property Tax. 		JNo
24	9. Name and Address of Curren			10. Name and Address of New Registere		
	9. Name and Address of Curton	r registated Agent	81 Name ()	the Carrella		
PEA	COS, DAVE		81 Name A	nnette Cassells		
	CYPRESS CREEK ROAD WEST			ress (P.O. Box Number is Not Acceptable)	0~	1
SUITE 550			93			
FORT LAUDERDALE FL 33309			5,	ute 118		
,			84 City	l'audadata F	85 Zip Co	ide
44 Chambanat	to the provinienc of Sentions 607 050	2 and 607 1508 Florida Statutes	the above-named corn	poration submits this statement for the purpose	of changing its r	egistered
l office or r	registered agent, or both, in the State :	of Florida. Such change was aut	horized by the corporate	on's board of directors. I hereby accept the app	ointment as reg	stered
agent. I a	im familiar with, and accept the obliga-	tions of Section 607.0505, Flore	da Statutes.	<u>1. \</u>	20 00	
SIGNATURE	Signature, typed or printed name of registered agen	of and title of applicable (NOTE: 6	Registered Agent signature require	ed when reinstating) DATE	26/79	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	PS	C) DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME .	REYNOSO, BERNARDO		1.2 NAME			İ
STREET ADDRESS	543 NORTHWEST 77TH STREE	T. #202	1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP	•		ĺ
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	REYNOSO, DARI CIPOLLO		2.2 NAME			į
STREET ADDRESS		T #202	2.3 STREET ADDRESS]
CITY-ST-ZIP	BOCA RATON FL 33487		.2.4 CITY-ST-ZIP			\
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			1
STREET ADDRESS	<u> </u>					}
CITY-ST-ZIP			3.3 STREET ADDRESS	·		ſ
				·		J
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		Change	Addition
NAME STREET ADDRESS		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	:	☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not enabling for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 chapters, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-98

561-989-8170

Daytime Phone

:R2E034 (11/98