

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).

APPROVED
AND
FILED

0055917

99 OCT -7 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P97000050969

1. Corporation Name
UNIVERSAL MARKET MORTGAGE, INC.

REINSTATEMENT 99



Principal Place of Business
5401 COLLINS AVE
SUITE 9A
MIAMI BEACH FL 33140

Mailing Address
5401 COLLINS AVE
SUITE 9A
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 801 Madrid ST.		26 801 Madrid ST.		06/06/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 3		27 Suite 3		65-0759681	
City & State		City & State		Applied For	
23 Coral Gables, FL		28 Coral Gables, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33134		29 33134		30 U.S.A.	
Country		Country		31 U.S.A.	
25 U.S.A.		29 33134		30 U.S.A.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes the current year Intangible Personal Property.	
SOSA, NOEL 1200 WEST 80 STREET HIALEAH FL 33014		81 Name Sosa, Noel		82 Street Address (P.O. Box Number is Not Acceptable) 1340 W. 41 ST, Apt. 106	
		83		84 City Hialeah	
		85		Zip Code 33012	

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: Noel Sosa TSDMP DATE: 10/01/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSDM	1.1 TITLE	TSDMP
NAME	SOSA, NOEL	1.2 NAME	Sosa, Noel
STREET ADDRESS	1200 WEST 80 STREET	1.3 STREET ADDRESS	1340 W. 41 ST, Apt. 106
CITY-ST-ZIP	HIALEAH FL 33014-3450	1.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	DP	2.1 TITLE	D
NAME	PILOTO, KATTY	2.2 NAME	Piloto, Katty
STREET ADDRESS	12035 SW 18 ST., APT. #7	2.3 STREET ADDRESS	12035 SW 18 ST, Apt. #7
CITY-ST-ZIP	MIAMI FL 33175-1680	2.4 CITY-ST-ZIP	Miami, FL 33175
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Noel Sosa DATE: 10/01/99 (305) 444-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR