

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

FILED

Apr 17 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000055255 (8)

1. Corporation Name

SOUTH FLORIDA MORTGAGE LENDERS, INC.

Principal Place of Business

14621 BALGOWAN RD.
SUITE 206
MIAMI LAKES FL 33016

Mailing Address

14621 BALGOWAN RD.
SUITE 206
MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1997

2. Principal Place of Business

21 900 W. 49 St. #318

2a. Mailing Address

26 900 W. 49 St.

4. FEI Number

65-0761106

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 318

27 318

City & State

City & State

23 Hialeah, Florida

28 Hialeah, Florida

Zip

Country

Zip

Country

24 33012

25 USA

29 33012

30 U.S.A.

9. Name and Address of Current Registered Agent

PEREZAS, LOURDES
14621 BALGOWAN RD.
SUITE 206
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)

16892 S.W. 7 St.

83

84 City Pembroke Pines

FL

85 Zip Code

33027

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
PEREZ, LOURDES
14621 BALGOWAN RD. #206
MIAMI LAKES FL 33016

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

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 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

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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:

Louise Perez

4/13/98

305-231-7222

CR2E034 (10/97)