

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90051 036 ***150.00

DOCUMENT # P97000056231

1. Corporation Name

FIRST AMERICAN LENDING OF SOUTH FLORIDA, INC.

Principal Place of Business

1065 NE 125TH STREET
SUITE 319
NORTH MIAMI FL 33161
US

Mailing Address

1065 NE 125TH STREET
SUITE 319
NORTH MIAMI FL 33161
US

2. Principal Place of Business

21 1125 N.E. 125th Street

Suite, Apt. #, etc.

22 400

City & State

23 NORTH MIAMI FL

Zip

24 33161

Country

2a. Mailing Address

26 1125 N.E. 125th Street

Suite, Apt. #, etc.

27 400

City & State

28 North Miami FL

Zip

29 33161

Country

9. Name and Address of Current Registered Agent

PEAN, MAXITO K
1065 NE 125TH STREET
SUITE 319
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

65-0763602

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name PEAN, MAXITO K

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

1125 N.E. 125th Street

83 Suite 400

84 City North Miami

FL

85 Zip Code 33161

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

04-06-99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME PEAN, MAXITO K
STREET ADDRESS 7430 CARLYLE AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33141

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 PSTD ☒ Change ☐ Addition

1.2 NAME PEAN, MAXITO K
1.3 STREET ADDRESS 1125 N.E. 125th St, Ste 400
1.4 CITY-ST-ZIP North Miami FL 33161

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-06-99 (205) 892-2260

CR2E034 (11/98)

0234449