

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

DOCUMENT # P97000058646

1. Corporation Name

SOUTHERN MORTGAGE RESOURCES, INC.

Principal Place of Business

7999 NW 53 ST.
MIAMI FL 33166

Mailing Address

7999 NW 53 ST.
MIAMI FL 33166

2. Principal Place of Business

21 SOUTHERN MORTGAGE RESOURCES, INC.
Suite, Apt. #, etc. 7999 N.W. 53 STREET
MIAMI, FLORIDA 33166

2a. Mailing Address

26 SOUTHERN MORTGAGE RESOURCES, INC.
Suite, Apt. #, etc. 7999 N.W. 53 STREET
MIAMI, FLORIDA 33166

City & State

City & State MIAMI, FLORIDA 33166

Zip Country

24 25

Zip Country

29 30

9. Name and Address of Current Registered Agent

BLANCO, NURY F
7999 NW 53 ST.
MIAMI FL 33166

3. Date Incorporated or Qualified

07/03/1997

4. FEI Number

65-0765428

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

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

83

84 City

FL

85 Zip Code

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] EVP

1/15/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME BLANCO, NURY F
STREET ADDRESS 7999 NW 53 ST.
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE
NAME ROSSIN, NICK S
STREET ADDRESS 7999 NW 53 ST.
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE
NAME BLANCO, NURY F
STREET ADDRESS 7999 NW 53 ST.
CITY-ST-ZIP MIAMI FL 33166

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 ☐ 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] EVP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 325-471-7816

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90062 016 *****150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)