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



Sandra B. Mortham

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTI Sandra B. Secretary DIVISION OF CO	Mortham of State	May 21 19 Secretar		
Principal Place of Business 10580 NW 27TH ST. MIAMI FL 33172 PORCUMENT # P97000080289 (6) DORAL LENDING CORP. Mailing Address 10580 NW 27TH ST. MIAMI FL 33172			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
Principal Place of Business On the Market State	2a. Mailing Address		09/16/1997 4. FEI Number	Not	plied For Applicable
Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	Suite, Apt. #, etc. 27 City & State 28 Zip 29 3	Country	6. Election Campaign Financing		quired May Be o Fees
9. Name and Address of Currer CORPORATION SERVICE COMPAN 1201 HAYS STREET TALLAHASSEE FL 32301-2525 11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	IY 2 and 607, 1508, Florida Statutes of Florida, Such change was au	83 84 City	ress (P.Q. Box Number is Not Acceptable) poration submits this statement for the purplion's board of directors. I hereby accept to	FL 85 Zip C	registered
	ond title if applicable (NOTE: I	Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE RS AND DIRECTORS	S IN 12
NAME STREET ADDRESS 10580 NW	STORY ST	1.3 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change	Addition 5
TITLE Secretary, Siname NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	which t	1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST- ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	61 TITLE 62 NAME 6.3 STREET ADDRESS 6.4 CITY-S1-ZIP		☐ Change	Addition

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 suppliermental annual report is trip 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 trusted employered 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:

FILED