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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000082984 (0)

Country

CERTIFIED HOME LOANS, INC.

Principal Place of Business 6330 ALLISON ROAD MIAMI BEACH FL 33141

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

28

29

6330 ALLISON ROAD MIAMI BEACH FL 33141

## FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

1/15/98 (305) 461-0000 ExT 120
Daytime Phone # 0201591

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

65 - 078735

Personal Property Tax due June 30.

09/23/1997

4. FEI Number

| Name and Address of Current Registered Agent  |                     |                    | 10. Name and Address of New Registered Agent |  |  |
|---|---------------------|--------------------|--|--|--|
| PULIDO, JORGE G   |                     |                    | 1  | Name   |  |
| 6330 ALLISON ROAD   |                     |                    | 1 3  | Street Address (P.O. Box Number is Not Acceptable) |  |
| MIAMI BEACH FL 33141  |                     |                    | Π`   | officer radiose (1.0. Day ratified to recording)   |  |
|   |                     |                    | 31   |  |  |
|   |                     | 84                 | ۲,   |  |  |
|   |                     | 84                 | Ή`   | 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN   |                     |                    |  |  |  |
| TITLE   |                     | 1.1 TITLE          |  | ADDITIONS/CHANGES TO CAPACIENS AND BINECTONS IN 12 |  |
| NAME  | DIUDA IODAE O       | 1.2 NAME           |  | S Oracida S Vinantion                              |  |
| STREET ADDRESS  | COOR ALLICON DOAD   | 1,3 STREET ADDRESS |  | DOECC  |  |
|   | MAKE DEACH EL CONAR | 1.4 CITY+ST-ZIP    |  |  |  |
| CITY-ST-ZIP<br>TITLE  |                     | 2.1 TITLE          |  | Change Addition                                    |  |
| NAME  |                     | 2.2 NAME           |  |  |  |
| STREET ADDRESS  | •                   | 2.3 STREE          |  | DEEGS  |  |
| CITY-ST-ZIP   |                     | 2. 4 CITY-         |  | }  |  |
| TITLE   |                     | 1 TITLE            | 01-  | Change Addition                                    |  |
| NAME  | <u> </u>            | 3.2 NAME           |  |  |  |
| STREET ADDRESS  |                     | 3.3 STREET         |  | INDRESS  |  |
| CITY - ST - ZIP   |                     | 3.4. CITY-ST-ZIP   |  |  |  |
| TITLE   |                     | 4.1 TITLE          |  | Change Addition                                    |  |
| NAME  |                     | 4. 2 NAME          |  |  |  |
| STREET ADDRESS  | <b>.</b>            | 4.3 STREET A       |  | DRESS  |  |
| CITY-ST-ZIP   | •                   | 4 CITY - S         | _  |  |  |
| TITLE   |                     | 1 TITLE            | <u> </u>                                     | ☐ Change ☐ Addition                                |  |
| NAME  | 1.5                 | 2 NAME             |  |  |  |
| STREET ADDRESS  | 5                   | .3 STREET          | T AD   | DRESS  |  |
| CITY-ST-ZIP   | 5                   | .4 CITY~9          | ST- 2  | zip  |  |
| TITLE   | DELETE 6            | 6.1 TITLE          |  | Change Addition                                    |  |
| NAME  | : 6                 | 6.2 NAME           |  |  |  |
| STREET ADDRESS  | 6                   | 3 STREET           | T ADi  | DRESS .  |  |
| CITY-ST-ZIP   | 6                   | 4 CITY-5           | ST-2   |  |  |
| 14. I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information   |                     |                    |  |  |  |
| 14. I hereby certify that the information supplied with this filling 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 of the receipter or trustee empty and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of the corporation of the receipter of trustee empty and the state of the corporation |                     |                    |  |  |  |

Country