

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90024 040 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000082984**

1. Corporation Name  
**CERTIFIED HOME LOANS, INC.**



Principal Place of Business 6330 ALLISON ROAD MIAMI BEACH FL 33141	Mailing Address 6330 ALLISON ROAD MIAMI BEACH FL 33141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5040 N.W. 7th STREET Suite, Apt. #, etc. 22 SUITE 590 City & State 23 MIAMI FL Zip Country 24 33126 25 USA	2a. Mailing Address 26 5040 N.W. 7th STREET Suite, Apt. #, etc. 27 SUITE 590 City & State 28 MIAMI FL Zip Country 29 33126 30 USA	3. Date Incorporated or Qualified <b>09/23/1997</b>	4. FEI Number <b>65-0787353</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**PULIDO, JORGE G**  
**6330 ALLISON ROAD**  
**MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name <b>PULIDO, JORGE G</b>	85 Zip Code <b>33126</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5040 N.W. 7th STREET</b>	
83 <b>SUITE 590</b>	
84 City <b>MIAMI</b>	<b>FL</b>

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, 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: *Jorge G. Pulido* **Jorge G. Pulido President 1-25-99** DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PULIDO, JORGE G 6330 ALLISON ROAD MIAMI BEACH FL 33141	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOW-PULIDO, MONICA 6330 ALLISON ROAD MIAMI BEACH FL 33141	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP PULIDO, JORGE G 5040 N.W. 7th STREET SUITE 590 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD LOW-PULIDO, MONICA 5040 N.W. 7th STREET SUITE 590 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	AVP LOW, INES 5040 N.W. 7th STREET SUITE 590 MIAMI, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 any attachment with an address, with all other like empowered.

SIGNATURE: *Jorge G. Pulido* **Jorge G. Pulido Pres. 1-25-99 305-461-0000** DATE: **1-25-99** Daytime Phone #: **EXT. 120**

CRZE034 (11/98)