

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90011 049 ***150.00

DOCUMENT # **P97000085714**

1. Corporation Name

RELIANCE MORTGAGE CORPORATION, INC.

Principal Place of Business

**10111 SW 134 PL
MIAMI FL 33186-2821**

Mailing Address

**10111 SW 134 PL
MIAMI FL 33186-2821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1997

4. FEI Number

65-0783744

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.



Yes ☐ No

2. Principal Place of Business

21 12265 SW 132 CT.

2a. Mailing Address

26 12265 SW 132 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1st Floor

27 1st Floor

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Zip

24 33186

Country

29 33186

Country

30 USA

9. Name and Address of Current Registered Agent

**MARTINEZ, ADRIANA
10111 SW 134 PL
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name

Martinez, Adriana

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

12265 SW 132 CT.

83

1st floor

84 City

Miami

FL

85 Zip Code

33186

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MARTINEZ, ADRIANA**

STREET ADDRESS **10111 SW 134 PL**

CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **Martinez, Adriana**

1.3 STREET ADDRESS **12265 SW 132 CT. 1st floor**

1.4 CITY-ST-ZIP **Miami, FL 33186**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99

Date

305-251-0106

Daytime Phone #

CR2E034 (5/99)

0060515

593743-90011-49
P97000085714

Reliance Mortgage Corporation

License Mortgage Brokers

12265 SW 132 Court - Miami, Fl. 33186 Ph 305-251-0106 Fax 305-251-8266

July 15, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

RE: 1999 Profit Corporation Annual report


To Florida Department of State:

I need to inform you that just a couple of days this envelope has been received in my office. The envelope was sent to another corporation and for this reason it never got process. I called and was told to write a letter with an explanation. I am enclosing the payment for \$150.00 this is what I was told to send.

Please be kind enough to correct my address in your records, so that I don't continue having these problems.

Thank you very much.

Sincerely,


Adriana Martinez

99/iqqq