SECRETARY OF STATE DIVISION OF CORPORATIONS

99 APR 21 AM 10: 24

## 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 # P97000093096

CORAL MORTGAGE INVESTMENTS, INC.

Principal Place of Business Mailing Address				1 48811881 SIB LBEIT IBBIL BRIEL BRIEL BREST BRIST BRIST	b rongs (mm seink rakts Am 168)	
2460 SW 137 A		2460 SW 137 AVE STE 238				
MIAMI FL 33175		MIAMI FL 33175				
f					DO NOT WRITE IN THI	S SPACE
}					3, Date Incorporated or Qualified	
2 5// 15	lace of Business	Ta sarvin audini			10/29/1997	1.12.00
L = <u>:</u>	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21 Suita Ant	# alo	Suite, Apt #, etc			65-0795200	Not Applicable
Suite, Apt.	#, Etc.	f 1			5, Certificate of Status Desired [ ]	\$8.75 Additional Fee Required
City & State		City & State			or a green, prefix or existent	
23		28		6. Election Campaign Financing Trest Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	<b>2</b>	Country		\$	· · · · · · · · · · · · · · · · · · ·
24	[25]	in the second se	30		<ol> <li>This corporation owes the current year In Personal Property Tax</li> </ol>	Trangitile
24	9, Name and Address of Current I	L	ا ا		10. Name and Address of New Registered	
·	<u></u>	rogistored Agent	81	Name	IV. Hame this readices of their registered	
A &	P REGISTERED AGENT, INC.		82			ŀ
2450 SW 137 AVE STE 238				Street A	ddress (P.O. Box Number is Not Acceptable)	
MIAN	N FL 33175		83			
						Ì
ı			84	City	<b>-</b>	85 Zip Code
office or re	to the provisions of Sections 607,0502 agistered agent, or both, in the State of marmiliar with, and accept the obligation	Florida Such change was aut	horized by I	named co the corpor	orporation submits this statement for the purpose o alton's board of directors. Thereby accopil the appe	fichanging its registered sintment as registered
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable (NOTE R	lo jishere LA <sub>d</sub> a si	signátor se "	rishwher remistrage (IATE	·
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D			TITLE		[]Change []Addition
NAME	OCHOA, CARMEN L		12 NAMI			
STREET ADDRESS	2460 SW 137 AVE		13 STREET	ADDRESS.		
CITY-ST-ZIP	MIAMI FL 33175		14 CHY-ST	-2#1		
TITLE	PTS	C.) DELETE	2.1 TITLE	j		[_] Change
NAME )	OCHOA, CARMEN L		2.2 NAME	Ì		
STREET ADDRESS	2460 SW 1377H AVE STE 238		2351REE1	ADDRESS .	800002850	01103 017
CITY-ST-ZIP	MIAMI FL 33175		2 4 CITY - 51	-200	-04/23/991	U11U3==U11
TITLE		[ ] DELETE	3.1 TH 5.E		****15U.UU	"传播集150.QQ:on
NAME			3.2 NAME	1		
STREET ADDRESS			33STREFT.	ADDRESS		
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NAME			4 2 NAME			
STREET ADDRESS			43STREET	ADDRESS		
CITY-ST-ZIP			44 City-ST	Zif:		
TITLE		[ ] DELFTE	5 f Till E	į		[   Change
NAME			5.2 NAM:			
STREET ADDRESS			53 STREET	ADURE 55		
CITY-ST-ZIP			54 CHY-S1-	76		
TITLE		[ ] DELETE	6 1 TITLE			[   Change   [   Addition
NAME			62 NAME	1		
STREET ADDRESS			63STREET	ADDRESS		}
				1		

14. Thereby 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 wirector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Honda 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:

CR2E034 (11/98)