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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103509 (0)

FILED Mar 05 1998 8:00am Secretary of State

NATION	NAL MORTGAGE BANKERS	& ASSOCIATES CORP.	2		
Principal Place	e of Business	Mailing Address			itas istán anto anton non indi
10325 SW 89TH COURT 10325 SW 89TH COURT MIAMI FL 33176 MIAMI FL 33176				DO NOT WRITE IN THIS	SPACE
				3. Date incorporated or Qualified	
				12/09/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21			n 290f	65-0190579	Not Applicable
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State		City & State			
23		28 Miami Fl		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip Zip	Country	8. This corporation owes or has paid the co	
24	25	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	o Oade	Personal Property Tax due June 30.	Yes No
S-7	g. Name and Address of Curre	1=-1		10. Name and Address of New Registered	
BENITEZ, ROLANDO A 81 Name					\$.
10325 SW 89TH COURT			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33176			oliobi Addi	obs (1.0. Dox 110/100) is 110/1000ptable)	
ļ	• = •••••		83		
			84 City	<u>,</u>	85 Zip Code
			1 1 - 3	FI	L 1 1 '
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					
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 11.0505, Florida Statutes.					
SIGNATURE	This of	2		2~	23-57
	Signature, typed or printed name of registered ag		Registered Agent signature requir	,	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D BENITEZ DOLANDO A	☐ DELET E	1.1 TITLE		Change
NAME	BENITEZ, ROLANDO A		1.2 NAME		
STREET ADDRESS	10325 SW 89TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	☐ DELETE	1.4 City-St-ZiP 2.1 Title		Change Addition
TITLE			2.2 NAME		C) outside (C) vacioni
NAME			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		□ DELETÉ	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		_	4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS]
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETÉ	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY+ST-ZIP		
	actifut that the information available	ith this filing door not qualify for		Section 119 07(3Vi) Florida Statutes, Lifurther of	artify that the information

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.

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