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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P97000104085 (0)

STATE MORTGAGE AND TRUST, INC.

Apr 09 1998 8:00am Secretary of State

FILED

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Principal Plac	e of Business	Mailing Address		i (Abishbi ein (mit) idast ditte bhite barnt trait gatet frait dhift (met mit met	
10436 S.W. 22 STREET		10436 S.W. 22 STREET			
MIAM! FL 33	165	MIAMI FL 33165		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/10/1997	
2. Principal P	Place of Business	2a. Mailing Address		4 FEI Number	
21 7/7	5 S.W. 8 ST.	26 7/75 S.W	. & ST.	65-08125 79 Not Applied Pol	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	200	SR 75 Additional	
2 501	ITE 202	2a. Mailing Address 26 7175 S. W Suite Apt. #, etc. 27 SUIT E	XU X	5. Certificate of Status Desired Fee Required	
City & Stat		City & State	C/	6. Election Campaign Financing \$5.00 May Be	
23 HII	AMI FL	28 MIAMI	<i>F</i> 6	Trust Fund Contribution Added to Fees	
— Zip	111 - COUPTY A	- ZD 3 1 4 4 -	Coughty S.A.	8. This corporation owes or has paid the current year Intangible	
24 33	144 25 0.5.71	29 33/44 30	0.3.71	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Hegistered Agent	041 \	10. Name and Address of New Registered Agent	
CORDERO, ONEIDA C 81 Name					
				ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33165					
			83		
			84 City	85 Zip Code	
44 5	40 40 60	1 007 4500 51 11 0		FL I'	
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.					
agent la	am familiar with, and accept the oblig	ations of, Section 607,0505, Florid	la Statutes	1-2-90	
SIGNATURE	Signature, typed or printed name of registered ag	cui uneix	egistered Agent signature requir	vero 43 18	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	Change Addition	
NAME	CORDERO, ONEIDA C	_	1.2 NAME		
STREET ADDRESS	10436 S.W. 22 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE	Change Addition	
NAME	1	'	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	5 4	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME	1		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	Į.		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - ZIP		

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 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 changes, or on an attachment with an address.

CORDERD 4-3-98**

SOS 264-8444

GNATURE:

CORDERD 4-3-98**

305 225-4353

GNATURE:

CORDERD 4-3-98**

305 225-4353

CORDERD 4-3-98**

SOS 264-8444

SOS 225-4353

CORDERD 4-3-98**

SOS 225-4353

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CORDERD 4-3-98**

SOS 225-4353

**SOS 225-4