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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1998 DOCUMENT # P97000107973 (4)

YES MORTGAGE CORP.

FILED Mar 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9445 S.W. 40TH STREET 9445 S.W. 40TH STREET 2ND FLOOR 2ND FLOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualified 12/24/1997 2. Principal Place of Business Applied For Mailing Address CANAL DR -0803012 85 GRAND 85 GRAND CANAL Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 104 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing FI. MiAmi miami Trust Fund Contribution Added to Fees Country Country Zip This corporation owes or has paid the current year Intangible DAde DAde Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALONSO, GASTON H 4415 S.W. 88TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL_33165 83 84 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change NAME ALONSO, GASTON H 1.2 NAME 4415 S.W. 88TH AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE VTD ALONSO, GASTOM GASTON NAME 2.2 NAME AloNED, 4415 SW 88 AVE 4415 S.W. 88TH AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP 2. 4 CITY-ST-ZIP miami DELETE Change Addition TITLE 3.1 TITLE 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 DELETE Change Addition TITLE 5.1 TITEE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

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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