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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000002602

1. Corporation Name

LNR CAPITAL MORTGAGE HOLDINGS, INC.

Principal Place of Business

760 NW 107 AVE., STE. 760
MIAMI FL 33172

Mailing Address

760 NW 107 AVE., STE. 760
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

05-0803512

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.
SUITE 300
23 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.
SUITE 300
28 City & State

24 Zip Country
25

29 Zip Country
30

9. Name and Address of Current Registered Agent

RUBIN, SHELLY
760 NW 107 AVE., STE. 100
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

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

SUITE 300

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MILLER, LEONARD
STREET ADDRESS 7000 NW 107 AVE.
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE
NAME SAIONTZ, STEVEN J
STREET ADDRESS 760 NW 107 AVE., STE. 100
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE
NAME MILLER, STUART A
STREET ADDRESS 760 NW 107 AVE., STE. 100
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 700 NW 107 AVE
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS Suite 314
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS 700 NW 107 AVE
Suite 400
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME VP
4.3 STREET ADDRESS Rubin, Shelly L.
760 NW 107 Ave, Suite 300
4.4 CITY-ST-ZIP MIAMI, FL 33172

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME T
5.3 STREET ADDRESS Jordan, Margaret
760 NW 107 Ave, Suite 300
5.4 CITY-ST-ZIP MIAMI, FL 33172

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME AS
6.3 STREET ADDRESS ARNETT, Peta-GAY
760 NW 107 Ave, Suite 300
6.4 CITY-ST-ZIP MIAMI, FL 33172

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET JORDAN, TREAS.

Date

Daytime Phone #

CR2E034 (1/98)