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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90020 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000002606
 1. Corporation Name
ALL AMERICAN MORTGAGE COMPANY INC.



Principal Place of Business: 5316 S.W. 152 PL. CIR. MIAMI FL 33185
 Mailing Address: 5316 S.W. 152 PL. CIR. MIAMI FL 33185

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 12515 N. Kendall Dr. #300, Miami, FL 33186
 2a. Mailing Address: 12515 N. Kendall Dr. #300, Miami, FL 33186
 23. City & State: Miami, FL
 24. Zip: 33186

3. Date Incorporated or Qualified: 01/09/1998
 4. FEI Number: 65-080-4749
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
ROGUE, RENE J
 5316 SW 152 PL. CIR.
 MIAMI FL 33185

10. Name and Address of New Registered Agent
 81. Name: **Michele Nunez**
 82. Street Address (P.O. Box Number is Not Acceptable): **12515 N. Kendall Dr. #300**
 84. City: **Miami** FL 85. Zip Code: **33186**

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]* DATE: **3/23/99**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	NUNEZ, RAFAEL	
STREET ADDRESS	5316 SW 152 PL. CIR.	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	NUNEZ, MICHELE	
STREET ADDRESS	12642 SW 78 ST.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ROGUE, RENE J	
STREET ADDRESS	5355 W-11 AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **3/23/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **3/23/99** Phone: **305-595-1156**
(305)-595-8886

CR2E034 (1/1/98)