PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	P9800	000464	41

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90032 022 ***150.00

1. Corporati	Y MORTGAGE, INC.	004641									
Principal Pla	ce of Business	Mailing Address					I ABDIABBI IND ODINA ARAK DDIA ODAR DDIA	MARK TORIS	IBID DANI	MOO) HEL HER	
13428 SW 65		13428 SW 65 LANE									
MIAMI FL 3318		MIAMI FL 33183					DO NOT WRITE IN	THIS SPA	ce		
							Date Incorporated or Qualified	THIS SITA			7
							01/15/1998				
2. Principal	Place of Business	2a. Mailing Address					4, FEI Number			plied For]
21 3900	0 NW 79 AVE	26					65-0804775			1 Applicable	4
Suite, Ap		Suite, Apt. #, etc.			•		5. Certificate of Status Desired	•	S.75 A Fee Re	dditional quired	
City & St.		City & State	-				6. Election Campaign Financing Trust Fund Contribution		5.00 Added t	May Be o Fees	
Zip	Country	Zip	Cou	intry			8. This corporation owes the current ye	ar Intangib	(e		
24 331	66 25 MIAMI-DAD	t 29	30				Personal Property Tax.	<u> </u>		No	4
	9. Name and Address of Current	Registered Agent		1			10. Name and Address of New Regist	ered Agen	<u>1</u>		-)
C) #	LIANIL I ALIDINIA			81	Name						1
ľ	LIANI, LAURINA 28 SW 65 LANE			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)				7
	MI FL 33183			83							-
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											1
1				84	City			FL 65	Zip C	ode	1
11. Pursuan office or agent. I	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	and 607.1508, Florida Statute of Florida. Such change was au ons of, Section 607.0505, Flori	s, the al thorized da Stati	bove- by thutes.	named ne corpo	corpor	ation submits this statement for the purpor's board of directors, I hereby accept the	se of chan appointmen	ging its nt as reg	registered pistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: F	Legisland	Agent I	ignature n	equired w	non reinstating) DA	TE.		 :	<u></u>
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICER	S AND DIE	RECTO	RS IN 12] ઍ
TITLE	PRESIDENT	☐ DELETE	1.1 Π	LE					hange	☐ Addition	E
NAME	LAURINA EMI	LIANI	1.2 NA	ME							CR2E034 (11/98)
STREET ADDRESS	13428 50065 6	ANE	1.3 57	REETA	DORESS						W
CITY-ST-ZIP	MIAMI FL 3			Y-ST-	ZP				hando	☐ Addition	8
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NAME			2.2 NA								1
STREET ADDRESS	5				DORESS]
TITLE		☐ DELETE	31111	TY-ST- LE	219	-	 		hange	Addition	1
,LE			32NAME				_			í	
MALE	1	_ occi.c									i
NAME STREET ADORESS		_ occe.e	32NA	ME	Doress						
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		[] OELETE	12 NA 13 ST	ME REET A TY-ST-	ļ				hange —	- Addition	 *: =
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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 truetee 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 for on an attachment with an address, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AVRINA EMILIANI

DELETE

Change

☐ Addition