


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90109 043 \*\*\*158.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000013829</b>					
1. Corporation Name <b>MORHOUSE LOANS CORPORATION</b>					
Principal Place of Business <b>9300 W FLAGLER STREET</b> <b>#114</b> <b>MIAMI FL 33174</b>			Mailing Address <b>9300 W FLAGLER STREET</b> <b>#114</b> <b>MIAMI FL 33174</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>10661 NORTH Kendall DRIVE</b> Suite, Apt. #, etc. 22 <b>112</b> City & State 23 <b>MIAMI, FLA.</b> Zip 24 <b>33176</b>			2a. Mailing Address 25 <b>10661 NORTH Kendall DR</b> Suite, Apt. #, etc. 26 <b>112</b> City & State 27 <b>MIAMI, FLA.</b> Zip 28 <b>33176</b>		
Country 25 <b>USA</b>			Country 28 <b>USA</b>		
3. Date incorporated or Qualified <b>02/11/1998</b>			4. FEI Number <b>650812222</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			Applied For "Not Applicable"		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8. This corporation owes the current year intangible Personal Property Tax: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Name and Address of Current Registered Agent <b>AMELIO, JOSEPH M</b> <b>7810 SW 99 STREET</b> <b>MIAMI FL 33156</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME <b>PRESIDENT</b> 1.3 STREET ADDRESS <b>JOSEPH AMELIO</b> 1.4 CITY-ST-ZIP <b>7810 S.W. 99th STREET</b> <b>MIAMI, FLA. 33156</b>					
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME <b>SECRETARY/TREASURER</b> 2.3 STREET ADDRESS <b>PAULINE AMELIO</b> 2.4 CITY-ST-ZIP <b>7810 S.W. 99th STREET</b> <b>MIAMI, FLA 33156</b>					
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 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:

*Joseph Amelio, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Joseph Amelio President*

*Jan. 5 1999* 305-270-8000  
 Date Daytime Phone #

CR2E034 (11/98)