2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000014462

04-29-2004 90347 027 ***150.00

1. Entity Name
INTERNATIONAL MORTGAGE LENDERS CORP.

Principal Place of Business	Mailing Address
2999 N.E. 191ST STREET	2999 N.E. 191ST STREET
SUITE 900	SUITE 900
AVENTURA, FL 33180	AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

03112004　　No Chg-P　　CR2E034 (10/03)

4. FEI Number	Applied For
65-0811161	Not Applicable

5. Certificate of Status Desired ☐　**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R
2999 N.E. 191ST STREET
SUITE 900
AVENTURA, FL 33180

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.　　(NOTE: Registered Agent signature required when reinstating)　　DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐　**$5.00** May Be Added to Fees

10.　　　OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHIFFMAN, ADAM R
STREET ADDRESS	2999 N.E. 191ST STREET, SUITE 900
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ADAM R SCHIFFMAN _____ 4/25/04 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #