FILI	E NOW: FILING	3 FEE AFTER	MAY 1ST IS	\$550.00					
cor	PROFIT RPORATION JAL REPORT JAL REPORT DIVISION OF COR			Harris 4 State			Trans.		
DOCUMENT # P98000023330						GO HED IS AM O. II.			
1. Corporation Name NEW GENESIS MORTGAGE & FINANCE GROUP, INC.						99 MAR 15 AM 9: 14			
						TECH PART OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 4300 North University Drive 4300 North Univ						MELMINOSELI	LOMBA		
Suite		<b>1</b>	Drive						
Tandorbill #1 33351						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
Lauderhill, Fl 3  2. Principal Place of Business   2a. Mailing Address					351				
21 26						65-0821658	F 1	plied For LApplicable	
Suite, Apt. #, etc   Suite, Apt. #, etc.   22   F-103						5 Certificate of Status Desired [1]	\$8.75 A	Additional	
City & State City & State						6. Election Campaign Financing	\$5.00	1	
23   Zip	Cauntr	y [28]	'φ	Country		Trust Fund Contribution  8. This Corporation owes the current year.	Added to ar Intanoble	o Fees	
24	9. Name and Addre	29 ess of Current Registe	ired Agent	o) 		Personal Property Tax  10. Name and Address of New Registr	[ Yes X	⊈iNo	
AMERILAWYER Washington, Ruby								1	
343 ALMERIA AVE  82 Street Address (P.O. Box Number is Not Asceptable) 4300 North University Drive								1	
CORAL GABLES, FL 33134						<del>-</del>	ve	1	
							<b>E</b> [85] ∆65€	335 1	
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. Thereby accept the appointment as registered									
agent. I am Ignijija; with, and accept the obligations of, Section 607.05695, Florida Statutes  SIGNATURE  RUBY WASHINGTON  03/11/99									
12.	Signature typed or proof tinan e	of registered agent and finitial	saleate (NORE Re	cyclered Ayeas super		Per ter Passa. É faci	n.		
TITLE	[PD	FRICERS AND DIREC	LIDELETE	13. 1170£	-	ADDITIONS/CHANGES TO DEFICER	S AND DIRECTO: [ ] Change	RS IN 12   [ [Addition ]	
NAME	RODNEY ,	SHAUN		1.2 NAME			-		
STREET ADORESS CITY-ST-ZIP	4300 N Un	iversitysP	rive	13 STREET ADORE	155			-	
TITLE	SĮD	# <b>*</b> = = = = .	[ ] DELETE	213 TLE		والمناو والمناو والمناو والمناو والمناو والمناو	[ 1Change	[ J Andijian	
NAME STREET ADDRESS	WASHINGTO	N,RUBY versity Dri	170	2.2 NAME		3000 <b>023</b> -03/3/3	901034	-004	
CITY-ST-ZIP	4300 N Uni Lauderhill	, řī 3335111		235(Ret 1ADOR)	18-1	****150	. <u>[][]</u> ****	150.00	
TITLE			[   DELFTE	3 1 THE			[ ] Change	[  Addition	
STREET ADDRESS				32 NAME 33 STHEET AFFIRE	185				
CITY-ST-ZIP				34 CHY-\$1-Zi*				j	
NAME			[] DELETE	4 STITLE 4 S NAME			Orange	[ roakbA[ ]	
STREET ADDRESS	Ì			4 3 STREET ACTURE	55		$(\sigma)$		
CITY-ST-ZIP			if Incierc	44 CHY-S1 7P			10 kg		
TITLE NAME			[   DECETE	5 1 THUE 5 2 NAME		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		[   Add tor	
STREET ADDRESS				53 STREET ADDRE	SS		X/	ſ	
CITY-ST-ZIP TITLE			 [ มือลิเล็าล์	54 C(1Y+ST-7)(*) 6 1 T(T, E	}		[   Change	[   Addaion	
NAME			· -	€ 2 NAME			f Leadings	Cliveranian	
STREET ADDRESS	!			60 STREET ADORE	55				

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 supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) 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 the empowered.

SIGNATURE:

SHAUN RODNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FIRESTOR.

Carried Total Control of the corporation of the exemption stated in Section 119 07(3)(ii) Florida Statutes. I further certify that the information indicated in Section 119 07(3)(ii) Florida Statutes. I further certify that the information indicated in Section 119 07(3)(ii) Florida Statutes. I further certify that the information indicated in Section 119 07(3)(ii) Florida Statutes. I further certify that the information indicated in Section 119 07(3)(ii) Florida Statutes. I further certify that the information indicated in Section 119 07(3)(ii) Florida Statutes. I further certify that the information indicated in Section 119 07(3)(ii) Florida Statutes. I further certify that the information indicated in Section 119 07(3)(ii) Florida Statutes. I further certify that the information indicated in Section 119 07(3)(ii) Florida Statutes. Indicated in Section 119 07(3)(ii) Florida Statutes. I further certify that the information indicated in Section 119 07(3)(ii) Florida Statutes. Indicate Indic