

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000051619

1. Corporation Name

ALL AMERICAN MORTGAGE SERVICES, INC.

Principal Place of Business

Mailing Address

~~4504 SW 131 AVE~~
~~MIAMI FL 33175~~

~~4504 SW 131 AVE~~
~~MIAMI FL 33175~~

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90298 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1998

4. FEI Number

65-0841385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 12460 SW 8th. Street

Suite, Apt. #, etc.

22 Ste 20A5

City & State

23 Miami, FL

Zip

24 33184

Country

25 US

2a. Mailing Address

26 12460 SW 8th. Street

Suite, Apt. #, etc.

27 Ste 20A5

City & State

28 Miami, FL

Zip

29 33184

Country

30 US

9. Name and Address of Current Registered Agent

SANTIESTEBAN, JOSE

~~4504 SW 131 AVE~~

~~MIAMI FL 33175~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12460 SW 8th. Street

83

Ste 20A5

84 City

Miami

FL

85 Zip Code

33184

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

SANTIESTEBAN, JOSE

STREET ADDRESS

~~4504 SW 131 AVE~~

CITY-ST-ZIP

~~MIAMI FL 33175~~

TITLE

D

NAME

ACOSTA, YAIMA

STREET ADDRESS

~~4504 SW 131 AVE~~

CITY-ST-ZIP

~~MIAMI FL 33175~~

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

12460 SW 8th. Street, Ste 20A5

1.4 CITY-ST-ZIP

Miami, FL 33184

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

12460 SW 8th. Street, Ste 20A5

2.4 CITY-ST-ZIP

Miami, FL 33184

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-99

Date

Daytime Phone #

CR2E034 (11/98)