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May 13, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 098000066067

1. Corporation Name

PRESTIGE MORTGAGE PROVIDERS, INC.

Principal Place of Business

Mailing Address

13499 BISCAYNE BLVD #107 | 13499 BISCAYNE BLVD.
MIAMI FL 33181 | STE #107
MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 7/28/98

2. Principal Place of Business

2a. Mailing Address

21 13499 BISCAYNE BLVD

26 13499 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 107

27 107

City & State
MIAMI, FL

City & State
MIAMI, FL 3

Zip Country

Zip Country

24 33181

25

29 33181

30

USA

4. FEI Number

65-0854303

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jorge A. Barrios
1951 NE 185 TERR.
N. MIAMI BCH, FL 33179

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 Jorge A. Barrios

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PRESIDENT
STREET ADDRESS JORGE A. BARRIOS
CITY-ST-ZIP 1951 NE 185 TERR.
N. MIAMI BEACH, FL 33179

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VICE-PRESIDENT
STREET ADDRESS SAHAVA LEVY
CITY-ST-ZIP 133 SE 2 AVE UNIT #2
HALLANDALE, FL 33009

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SECRETARY OF TREASURY
STREET ADDRESS ZONIA G. BARRIOS
CITY-ST-ZIP P.O. Box 2162
HALLANDALE, FL 33008

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge A. Barrios

Date

4/30/99

Daytime Phone #

(305) 956-3444

CR2E034 (1/98)