

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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90029 044 \*\*\*150.00

DOCUMENT # P98000073361

1. Corporation Name

PRIMETIME COMMERCIAL LENDING, INC.

Principal Place of Business

14870 S.W. 149TH STREET  
MIAMI FL 33196

Mailing Address

14870 S.W. 149TH STREET  
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1998

4. FEI Number

65-0858268

Applied For

Not Applicable

5. Certificate of Status Desired

N/A

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

N/A

\$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 8009 NW 36 Street

Suite, Apt. #, etc.

22 235

City & State

23 Miami, Fla.

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 8009 NW 36 Street

Suite, Apt. #, etc.

27 235

City & State

28 Miami, Fla.

Zip

29 33166

Country

30 USA

9. Name and Address of Current Registered Agent

MATOS, SANDRA  
14870 S.W. 149TH STREET  
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

MATOS SANDRA

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

8009 NW 36 ST

83 Suite 235

84 City Miami

FL

85 Zip Code

33166

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

4/8/99

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME MATOS, SANDRA  
STREET ADDRESS 14870 S.W. 149TH STREET  
CITY-ST-ZIP MIAMI FL 33196

TITLE VD ☒ DELETE

NAME MALWITZ, MARITZA  
STREET ADDRESS 6781 S.W. 11TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

Date

Daytime Phone #

4/8/99 (805) 591-3030

CR2E034 (11/98)