PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000075623

-FIRST SOURCE MORTGAGE OF MIAMI, INC. FIRST SOURCE MORTRAGE CORP.

Principal Place of Business

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90025 015 ***150.00



12515 N KENU MIAMI FL 3318	6 221	MIAMI FL 33186	72.j				
MINIMI ('L 99!0	<u> </u>	minima i E 90100 —	- •		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					08/27/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
1251	12515 N. KENDALL DRIVE 26 SAME				65-08587217	No	ot Applicable
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional equired
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
3 MIA	MI, FL	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year	Intangible Yes	□No
4 27	25	29 30			Personal Property Tax. 10. Name and Address of New Registers		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	u Agein	
FED	NANDEZ, ROBERT		"	, idilio			
12515 N KENDALL DR, STE 222 - 22/				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33186			83	50	ITE 221		
			84	City	11Ami F	L 85 30	Code 3/8/
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	f Florida. Such change was autho	onzed by	the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	of changing its pointment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered agent a				red when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	FERNANDEZ, ROBERT	_	1.2 NAME				
STREET ADDRESS	N. WENDALL DO OTT 000	,		TADDRESS	12515 N. KENDALL BRIVE	. SUTE	221
	MIAMI FL 33186	'	1.4 CITY-S		12515 N. KENDALL DRIVE MIAMILIFE 33186	,	,
CITY-ST-ZIP	HAILMAN I E 00 100	[] DELETE	2.1 TITLE	1-21	111111111111111111111111111111111111111	☐ Change	☐ Addition
NAME			2.2 NAME				
				T ADDRESS			
STREET ADDRESS			2.4 CITY-1				
CITY-ST-ZIP TITLE	-	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME		_	3.2 NAME				
STREET ADDRESS				TADORESS			
			3.4. CITY-				
CITY-ST-ZIP TITLE	-	☐ DELETE	4.1 TITLE	21 Ell		☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZiP			4.4 CITY-S	IT-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	TADDRESS			
CITY-ST-ZIP		<u> </u>					
OH 1-31-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETÉ	5.4 CITY-S 6.1 TITLE	T-ZIP		☐ Change	Addition
TITLE NAME		☐ DELETE		T-ZIP		☐ Change	Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 angual 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 corporation 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 of an accurate with an address, with all other like empowered.

NATURE NEGURER

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE: