

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

05-06-1999 90025 015 \*\*\*150.00

**DOCUMENT # P98000075623**

1. Corporation Name

~~FIRST SOURCE MORTGAGE OF MIAMI, INC.~~  
**FIRST SOURCE MORTGAGE CORP.**

Principal Place of Business

12515 N KENDALL DR. STE ~~222~~  
MIAMI FL 33186 **221**

Mailing Address

12515 N KENDALL DR. STE ~~222~~  
MIAMI FL 33186 **221**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/27/1998**

4. FEI Number

**65-0858727**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

2a. Mailing Address

**21 12515 N. KENDALL DRIVE**

**26 SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 SUITE 221**

**27**

City & State

City & State

**23 MIAMI, FL**

**28**

Zip

Country

Zip

Country

**24 33**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERNANDEZ, ROBERT**

**12515 N KENDALL DR, STE ~~222~~ 221**  
**MIAMI FL 33186**

81 Name

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

**12515 N. KENDALL DRIVE**

83

**SUITE 221**

84 City

**MIAMI**

**FL**

85 Zip Code

**33186**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D**  
**FERNANDEZ, ROBERT**  
**12515 N KENDALL DR, STE 222**  
**MIAMI FL 33186**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**12515 N. KENDALL DRIVE, SUITE 221**  
**MIAMI, FL 33186**

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**4/28/99**

**(305) 595-1991**

CR2E034 (1/98)