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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000084950

1. Corporation Name

INTERNATIONAL MORTGAGE FUNDING, INC.

FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90069 031 ***150.00

e of Business	Mailing Address						
ST 163RD STREET	2020 NORTHEAST 163RD STR	EET					
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RTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162							
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ace of Business	<u> </u>	117	D-y	1.65-08675°	95		
	11	103	<u> </u>	63-33073	,		t Applicable
				5. Certifcate of Status Desired			
							
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Country	<u> </u>	7	у				Νο
25 25	100 0 0 1 1 1 1	1	,				AINO
9. Name and Address of Current	Registered Agent		4 Nama	10. Name and Address of New Re	gistered A	Jeni	
DII 4140/FD		6	Name				
· ·			2 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	_	
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CORAL GABLES FL 33134		83	3		•		
		84	4 City		FL	85 Zip (Code
to the provisions of Sections 607 0502	and 607 1508 Florida Statutes.	the abov	_L ve-named corp	oration submits this statement for the p		nanging its	registered
egistered agent, or both, in the State of	Florida. Such change was auth	orized by	y the corporation	on's board of directors. I hereby accept	the appoint	ment as re	gistered
m tamiliar with, and accept the obligation	ons or, Section 607.0505, Florida	a Statute	.				
Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Age	ent signature require	d when reinstating)	DATE		
OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
PD	. DELETE	1.1 TITLE				Change	☐ Addition
LEVINE. RALPH		1.2 NAME	:	•			
	ET # 3 <i>60</i>	1.3 STREE	ET ADDRESS				ŀ
		1.4 CITY-	ST-ZIP	•			1
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2020 NORTHEAST 162DD STDE	ET # 300						
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	ST 163RD STREET BEACH FL 33162 ace of Business ONE, /63 ST. #, etc. Country 2 25 9. Name and Address of Current RILAWYER ALMERIA AVENUE AL GABLES FL 33134 to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation OFFICERS AND PD LEVINE, RALPH 2020 NORTHEAST 163RD STRE NORTH MIAMI BEACH FL 33162 STD ROSAS, JUAN	ST 163RD STREET 2020 NORTHEAST 163RD STR SUITE 300 NORTH MIAM! BEACH FL 331: 2a. Mailing Address 2b. ONE. /63 37. 26 2020 NE 4. etc. Suite, Apt. #, etc. 27 3 20 City.& State Country Zip Zip 29 33/67 30 9. Name and Address of Current Registered Agent RILAWYER AL GABLES FL 33134 To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth and familiar with, and accept the obligations of, Section 607.0505, Florida Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD LEVINE, RALPH 2020 NORTHEAST 163RD STREET # 3 6 0 NORTH MIAM! BEACH FL 33162 STD OBLETE COUNTY AMAILING Address City. & State 29 33/67 30 City. & State 20 0 7 1508, Florida Statutes, egistered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS PD LEVINE, RALPH 2020 NORTHEAST 163RD STREET # 3 6 0 NORTH MIAM! BEACH FL 33162	ST 163RD STREET SUITE 300 NORTH MIAMI BEACH FL 33162 2a. Mailing Address 2b. O NE, 163 87. 26 2020 NE 163 3c. O NE, 163 87. 26 2020 NE 163	ST 163RD STREET SUITE 300 NORTH MIAMI BEACH FL 33162 2a. Mailing Address 2b. NE, 163 ST. 2a. Mailing Address 2c. NE, 163 ST. 2b. Metc. 2c. Metc. 2c. Metc. 2c. Metc. 2c. Metc. 2c. Metc. 2c. Mailing Address 2c. NE, 163 ST. 2d. 2c. Metc. 2c. NE, 163 ST. 2d. 2c. Mailing Address 2d. 2d. Metc. 2c. NE, 163 ST. 2d. 2c. Mailing Address 2d. 2d. Metc. 2c. NE, 163 ST. 2d. 2c. Mailing Address 2d.	ST 163RD STREET SUITE 300 NORTH MIAMI BEACH FL 33162 DO NOT WRITI 3. Date Incorporated or Qualifed 10/05/1998 4. FEI Number 55. Certificate of Status Desired 10/05/1998 4. FEI Number 65-08675 6. Suite, Apt. #, etc. 27 3 0 0 28 NAMINING Address 29 NAMINING BEACH FL 28 NO. MIAMI BEACH FL 29 Country 20 3 3 / 6 2 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Re RILAWYER ALMERIA AVENUE AL GABLES FL 33134 B4 City 10. Name and Address of Ground Such change was authorized by the corporation's board of directors. I hereby accept in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. PD 15 CFICERS AND DIRECTORS 15 DELETE 12 NOT. Registered Agent signature required when reinstating) 15 OFFICERS AND DIRECTORS 15 DELETE 12 NAME 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 15 DELETE 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS 15 DELETE 15 TID 16 DELETE 17 NAME 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS 15 DELETE 15 TID 16 DELETE 17 NAME 12 NAME	ST 163RD STREET SUITE 300 NORTH MIAMI BEACH FL 33162 DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 10/05/1998 ace of Business 2.2. Mailing Address 2.2. Mailing Address 2.3. Date Incorporated or Qualified 10/05/1998 4. FEI Number 3. Date Incorporated or Qualified 10/05/1998 4. FEI Number 5. Certificate of Status Desired DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 10/05/1998 4. FEI Number 5. Certificate of Status Desired DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 10/05/1998 4. FEI Number 5. Certificate of Status Desired Trust Fund Contribution Trust Fund Contribution Country 2. Zip 2. Zip 2. Zip 2. Zip 3. J A Zip 2. Zip 3. J A Zip 2. Zip 3. J A Zip 3. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RILAWYER ALMERIA AVENUE AL GABLES FL 33134 8. Tils corporation submits this statement for the purpose of classifiered agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appoint in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 1. TITLE OFFICERS AND DIRECTORS 1. STID DELETE 1. TITLE 1. STID DELETE 1. TITLE 1. STID DELETE 2. NAME 2. NAME	ST 163RD STREET SURE 300 NORTHEAST 163RD STREET SURE 30162 NORTH MIAMI BEACH FL 33162 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/05/1998 4. FEI Number 867595 AD 10/05/1998 A. FEI Number 867595 Suite, Apt. #, etc. Suite, Apt. #, etc. Country Signature, hybed or printed name of registered Agent agenture. Superior and tree of application. Country 100 North Miaming BEACH FL Signature, hybed or printed name of registered Agent agenture agent and tree of application. COUNTRY 100 North BEACH FL Signature, hybed or printed name of registered Agent agent and tree of application. COUNTRY 100 North BEACH FL Signature, hybed or printed name of registered Agent agent and tree of application. COUNTRY 100 North BEACH FL Signature, hybed or printed name of registered Agent agent and tree of application. COUNTRY 100 North BEACH FL Signature, hybed or printed name of registered Agent agent agent and tree of application. COUNTRY 100 North BEACH FL Signature, hybed or printed name of registered Agent agent agent and tree of application. COFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 12 NAME 13 STREET # 3 O 13 STREET ADDRESS NORTH MIAMI BEACH FL 33 162 14 NAME 12 N

14. 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: