


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90255 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000098891

1. Corporation Name
ALL MORTGAGE CENTER INC.



Principal Place of Business 7700 N KENDALL DR. STE 515 MIAMI FL 33156 9703 S. DIXIE HWY Ste 10 MIAMI FL 33156	Mailing Address 7700 N KENDALL DR. STE 515 MIAMI FL 33156 7815 CAMINO REAL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9703 SOUTH DIXIE HWY. Suite, Apt. #, etc. 22 Suite 10 City & State 23 MIAMI FL Zip Country 24 33156 25 USA	2a. Mailing Address 26 7815 CAMINO REAL Suite, Apt. #, etc. 27 I-215 City & State 28 MIAMI FL Zip Country 29 33143 30 USA	3. Date Incorporated or Qualified 11/24/1998	4. FEI Number 65-0877820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent PENA, STEVEN M ESQ. 7700 N KENDALL DR, STE 515 MIAMI FL 33156	10. Name and Address of New Registered Agent 81 Name FERNANDO CHINCHILLA 82 Street Address (P.O. Box Number is Not Acceptable) 7815 CAMINO REAL 83 I-215 84 City MIAMI FL 85 Zip Code 33143
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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 Fernando Chinchilla Vice President Anna Luisa Almonte 4/15/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALMONTE, ANNA LUISA 9703 S DIXIE HWY, STE 10, MIAMI FL 33156	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CHINCHILLA, FERNANDO A 9703 S DIXIE HWY, STE 10 MIAMI FL 33156	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Fernando Chinchilla
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

305-412-9177

CR2ED34 (1/198)