FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S04143** **(1)**

1. Corporation Name

AUTOMATIC MORTGAGE INC.

Principal Place of Business	Mailing Address
4960 SW 72 AVENUE #208 MIAMI FL 33155 US	4960 SW 72 AVENUE SUITE 208 MIAMI FL 33155 US

2. Principal Place of Business	2a. Mailing Address
21 178 Giralda Ave	26 5783 SW 40st
Suite, Apt. #, etc 22 2nd Floor	Suite, Apt. #, etc 27 # 231
City & State 23 Coral Gables Fl.	City & State 28 Miami Fl.
Zip 24 33134 Country 25 USA.	Zip 29 33155 Country 30 USA.

3. Date Incorporated or Qualified: 10/05/1990

3a. Date of Last Report: 04/27/1995

4. FEI Number: 65-0244008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUERRA, SHIRLEY F.
4960 SW 72 AVENUE
SUITE 209
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 178 Giralda Ave

83 2nd Floor

84 City Coral Gables FL 85 Zip Code 33134

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 _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GUERRA, SHIRLEY F.		1.2 NAME	
STREET ADDRESS	4960 S.W. 72ND AVE		1.3 STREET ADDRESS	178 Giralda Ave 2nd Floor
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Coral Gables Fl. 33134
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	GUERRA, MAURO R.		2.2 NAME	
STREET ADDRESS	4960 S.W. 72ND AVE		2.3 STREET ADDRESS	178 Giralda Ave 2nd Floor
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Coral Gables Fl. 33134.
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attached sheet with an address.

SIGNATURE: Shirley F. Guerra 4-23-96. 448-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #