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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S14159 (5)

1. Corporation Name  
UNLIMITED MORTGAGE SERVICES INC.



Principal Place of Business Mailing Address  
P.O. BOX 144801 P. O. BOX 144801  
CORAL GABLES FL 33114 CORAL GABLES FL 33114-4801  
814 PONCE DE LEON BLVD - STE 205  
CORAL GABLES, FL 33134

2. Principal Place of Business 2a. Mailing Address  
21 814 PONCE DE LEON BLVD 26 814 PONCE DE LEON BLVD  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 205 27 205  
City & State City & State  
23 CORAL GABLES 28 CORAL GABLES, FL  
Zip Country Zip Country  
24 25 USA 29 33134 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report  
11/20/1990 03/01/1996  
4. FEI Number Applied For  
65-0230342 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution 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

CUERVO, MARIA LOURDES  
40 SALAMANCA ST P.O. BOX 144801  
CORAL GABLES, FL 33114

10. Name and Address of New Registered Agent

81 Name CUERVO, MARIA LOURDES  
82 Street Address (P.O. Box Number is Not Acceptable)  
911 E. PONCE DE LEON BLVD  
83 APT # 601  
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

Signature of registered agent or officer of corporation, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE PTS ☐ DELETE  
NAME CUERVO, MARIA LOURDES  
STREET ADDRESS 40 SALAMANCA ST P.O. BOX 144801  
CITY-ST-ZIP CORAL GABLES FL 33114  
TITLE VD ☐ DELETE  
NAME BLUM, GISELE  
STREET ADDRESS 814 PONCE DE LEON BLVD - STE 205  
CITY-ST-ZIP CORAL GABLES FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME CUERVO, MARIA LOURDES  
1.3 STREET ADDRESS 814 PONCE DE LEON BLVD.  
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134 SUITE 205  
2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME BLUM, GISELE  
2.3 STREET ADDRESS 814 PONCE DE LEON BLVD - STE 205  
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97  
Date

305-461-2161  
Daytime Phone #

0161441

CR2E034 (9/96)