

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90105 038 ***150.00

DOCUMENT # S32901

1. Corporation Name

GOLDEN EAGLE MORTGAGE SERVICE CORP.

Principal Place of Business

925 S.W. 122 AVE.
MIAMI FL 33184

Mailing Address

925 S.W. 122 AVE.
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1991

4. FEI Number

65-0242331

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2460 S.W. 137th AVE

Suite, Apt. #, etc.

22 Suite # 245

City & State

23 MIAMI, FL.

Zip

24 33175

Country

25 DADE

2a. Mailing Address

26 2460 S.W. 137th AVE

Suite, Apt. #, etc.

27 Suite # 245

City & State

28 MIAMI, FL.

Zip

29 33175

Country

30 DADE

9. Name and Address of Current Registered Agent

BORGES, JOE
925 S.W. 122 AVE.
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name

BORGES, JOE

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

2460 S.W. 137th AVE Suite 245

83

84 City

MIAMI

FL

85 Zip Code

33175

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

3/01/99

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE

P

NAME

BORGES, JOE

STREET ADDRESS

925 S.W. 122 AVE.

CITY-ST-ZIP

MIAMI FL 33184

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

V. MARIA REAL

2136 SW 138 Ct.

MIAMI FL. 33175

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V. MARIA REAL

2136 SW 138 Ct.

MIAMI FL. 33175

☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: JOE BORGES 3/01/99 (305) 226 92 98

Date

Daytime Phone #

CR2E034 (11/98)