FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # **S65880**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 13, 1999 8:00 am Secretary of State

05-13-1999 90025 048 ***150.00

•	IVE MORTGAGE CORP.						
•	ce of Business	Mailing Address					
10300 SW 72N	D STREET	10300 SW 72ND STRE STE 470-A	ET				
STE 470-A MIAMI FL 3317	3	MIAMI FL 33173			DO NOT WRITE IN THIS	S SPACE	
US		US			3. Date Incorporated or Qualifed		
					07/11/1991	_	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ар	polied For
21		26			65-0275548	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			3	Fee Re	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		untry	8. This corporation owes the current year fr	ntangible Yes	□No
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curr	ent Registered Agent	_	81 Name	10. Name and Address of New Registered	Agent	
LAM	IAR, MARIO A.			UT (tallic			
	.W. 8 ST. STE 305			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		Í
	MI FL 33134			83			
	MI I L 00 104			63			
				84 City	FI	85 Zip (
11. Pursuant	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change w gations of, Section 607.0505	as authorize , Florida Sta	above-named co ed by the corpora itutes.	proporation submits this statement for the purpose of ation's board of directors. I hereby accept the appointment of the purpose of the purpo	f changing its	registered
11. Pursuant office or agent. I a SIGNATURE	registered agent, or both, in the Stal am familiar with, and accept the oblig Signature, typed or printed name of registered a	te of Florida. Such change w gations of, Section 607.0505 igent and title if applicable.	as authorize , Florida Sta NOTE: Registere	above-named co abd by the corpora tutes.	uired when reinstating)	f changing its bintment as re	registered gistered
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CITY-ST-ZIP 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 suppliemental 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 flustee 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR