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 # S69058 (3)

1. Corporation Name

PUBLIC MORTGAGE COMPANY

Principal Place of Business: ~~8420 W. FLAGLER ST.~~ ~~#222-A~~ ~~MIAMI FL 33144~~ US

Mailing Address: ~~8420 W FLAGLER ST.~~ ~~#222-A~~ ~~MIAMI FL 33144~~ US

3. Date Incorporated or Qualified: 07/26/1991

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0278419 ☐ 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

2. Principal Place of Business		2a. Mailing Address	
21	8786 SW 8th street	26	8786 SW 8th Street
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Miami, Florida	28	City & State: Miami, Florida
24	Zip: 33174	29	Zip: 33174
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

DEVAL, VIVIAN M.
~~8420 W. FLAGLER ST.~~
~~SUITE #222-A~~
~~MIAMI FL 33144~~

8786 SW 8th Street
Miami, Florida 33174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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

TITLE	D/P	☑ DELETE
NAME	DEVAL, VIVIAN M.	
STREET ADDRESS	~~8420 W. FLAGLER ST., #222-A~~	
CITY-ST-ZIP	~~MIAMI 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	DeVAL, VIVIAN M.	
1.3 STREET ADDRESS	8786 SW 8th Street	
1.4 CITY-ST-ZIP	Miami, Florida 33174	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	SARDIÑAS, BEATRIZ Z.	
2.3 STREET ADDRESS	8450 SW 12th Street	
2.4 CITY-ST-ZIP	Miami, Florida 33144	
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		

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)(k), 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1996 — Date

(305) 551-2297 — Daytime Phone #