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 # S85199 (5)

1. Corporation Name

UNION FEDERAL MORTGAGE CORPORATION

Principal Place of Business
18090 COLLINS AVENUE
T-14
N. MIAMI BEACH FL 33160
US

Mailing Address
18090 COLLINS AVENUE
T-14
N. MIAMI BEACH FL 33160
US

3. Date Incorporated or Qualified: 10/01/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0289030 ☐ 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
21 1140-B East Hallandale
Suite, Apt. #, etc. Beach Blvd.
22
City & State
23 Hallandale, Fl.
Zip 24 33009 Country 25 Broward

2a. Mailing Address
26 1140-B East Hallandale
Suite, Apt. #, etc. Beach Blvd.
27
City & State
28 Hallandale, Fl.
Zip 29 33009 Country 30 Broward

9. **Name and Address of Current Registered Agent**

SUPRASKI, LOUIS A.
BISCAYNE CENTER SUITE 760
11900 BISCAYNE BLVD
MIAMI FL 33181

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 ✓ [signature] DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	YANOWITZ, SIDNEY B	
STREET ADDRESS	~~18090 COLLINS AVENUE, T-14~~	
CITY-ST-ZIP	~~MIAMI BCH. FL~~	
TITLE	VD	☐ DELETE
NAME	LIEF, JOHATHAN	
STREET ADDRESS	~~18090 COLLINS AVENUE, T-14~~	
CITY-ST-ZIP	~~N. MIAMI BEACH FL~~	
TITLE	SD	☐ DELETE
NAME	SUPRASKI, LOUIS A	
STREET ADDRESS	~~11900 BISCAYNE BLVD., #760~~	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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] Sidney B Yanowitz (President) 4/16/96 (954) 456-7810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)