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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$85199

(5)

UNION FEDERAL MORTGAGE CORPORATION

| Principal Place 1140-B EAST H HALLADALE FL US | ALLANDALE BEACH BLVD | Mailing Address 1140-B EAST HALLADALE HALLANDALE FL 33009-44 US | B EAST HALLADALE BEACH BLVD | | | | | | | | |
|--|--|--|-----------------------------|---------------|-------------|----------|---|---------------------------|--------------------------|--------------------|--|
| | | | | | | 3 | Date Incorporated or Qualified 10/01/1991 | | ate of Last R 23/1996 | report | |
| | acc of Business | 2a. Mailing Address | | | | 4 | FEI Number | | | oplied For | |
| 21 | II at | Suite, Apt. #, etc. | - | | · | | 65-0289030 | | | ot Applicable | |
| Suite, Apt | #, Date: | 27 Solle, Apr. #, etc. | | | | 5 | Certificate of Status Desired | | | Additional equired | |
| City & State |) | City & State | | | | - 6 | . Election Campaign Financing | ·· } | | May Be | |
| 23 | | 28 | | | | | Trust Fund Contribution | | | to Fees | |
| Ζφ | Country | Zφ | Cou | intry | | 8 | This corporation has liability fo | | | . 199.032, | |
| 24 | 25 | 29 | 30 | | <i></i> | | | Yes | | | |
| 0.10 | 9. Name and Address of Current | Registered Agent | | 81 | Name | 10 |). Name and Address of New R | egistered | Agent | | |
| | raski, louis a. :Ayne center suite 760 | | | | | | | | | | |
| | O BISCAYNE BLVD | | | 82 | Street Ad | ddress (| (P.O. Box Number is Not Accepta | ible) | | | |
| | AI FL 33181 | | | 83 | | | | | | | |
| 1770 W | | | | | | | | | | | |
| | | | ļ | 64 | City | | | FL | 85 Zip | Code | |
| office or n agent Tai SIGNATURI | to the provisions of Sections 607.0502 ogstered agent, or both, in the State of infamiliar with, and accept the obligations by the type of a probations of registered agent. | | | | the corpor | | | purpose of apt the app | changing n | registered | |
| 12. | OFFICERS AND | | 13. | | | | ADDITIONS/CHANGES TO OFF | CERS AND | DIRECTOR | 3S IN 12 | |
| TITLE | PO | DELETE | 1.1 TI | TLE | | | | | Change | Addition | |
| NAME | YANOWITZ, SIDNEY B | | 1.2 N/ | AME | - 1 | | | | | . ' | |
| STREET ADDRESS | 18090 COLUNS AVENUE, T-14 | | 1.3 \$1 | REET | ADDRESS | | • | | | Į. | |
| CHTY - ST - 200 | MIAMI BCH. FL. | | 140 | TY-S | T-ZIP | · | | | | | |
| JIETE | VD | ☐ DELETE | 2 1 TI | | Ì | | | | Change | Addition | |
| NAME | LIEF, JOHATHAN 18090 COLLINS AVENUE, T-14 | | 2.2 N/ | | ļ | | | | | ļ | |
| STREET ADDRESS | N. MIAMI BEACH FL | | | | ADDRESS | | | | | | |
| City-St 70 | SD SD | Decere | 2.40 | $\overline{}$ | ST-ZIP | | | | Change | Addition | |
| TITLE Name | SUPRASKI, LOUIS A | () DECETE | 3.1 TO 3.2 N/ | | | | <u>.</u> | | THE CHAILES | LT MORROR | |
| NAME STREEL ADDRESS | 11900 BISCAYNE BLVD., #760 | | 1 | | ADDRESS | | | | | 1 | |
| CITA-SI-78 | MIAMI FL | | 1 | | ST-ZIP | - | | | | ľ | |
| title | | DELETE | 4.1 70 | | SI-ZIF | | | | Change | Addition | |
| NAME | | | 4.2 N | | .] | | | | | | |
| STHEF? ADDRESS | | | 4.3 S1 | rreet | ADDRESS | | | | | } | |
| Cath - ST- 7IF | | | | | T-ZIP | | | | | | |
| Tritué | | DELETE | 5.1 Ti | | | | | | Change | Addition | |
| NAME | | | 52 N | AME | ł | | | | | Į | |
| STREET ADDRESS | | | 5.3 \$1 | IAEET | ADDRESS | | | | | | |
| C(1Y+S1-2)F | | | 5.4 Ci | TY-S | T-ZIP | | | | | | |
| TITLE | | DELETE | 6.1 T | TLE | | | ··· | | Change | Addition | |
| .NAME | | | 6.2 N/ | AME | ļ | | | | | ļ | |
| STREET ADDRESS | | | 6.3 ST | TREET | ADDRESS | | | | | } | |
| CITY - ST - ZIP | | | 6 4 CI | TY-S | T-ZIP | | | | | | |

14. If 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 increated 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.