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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S94110** **(1)**

1. Corporation Name

ALL IN ONE MORTGAGE COMPANY

Principal Place of Business	Mailing Address
299 ALHAMBRA CIR STE 316 CORAL GABLES FL 33134 US	299 ALHAMABRA CIR STE 316 CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: **11/14/1991**
3a. Date of Last Report: **05/12/1995**

2. Principal Place of Business	2a. Mailing Address
21 FLORIDA.	26 299 ALHAMBRA CIRCLE
Suite, Apt. #, etc 22 316	Suite, Apt. #, etc 27 316.
City & State 23 CORAL GABLES	City & State 28 FL.
Zip 24 33134 Country 25 DADE	Zip 29 33134 Country 30 USA.

4. FEI Number: **65-0298446** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALLADARES, O. FRANK 2151 LEJEUNE RD. S-310 CORAL GABLES FL 33134	81 Name: ELIO M. RODRIGUEZ 82 Street Address (P.O. Box Number is Not Acceptable): 299 ALHAMBRA CIRCLE # 316 83 C/O ALL IN ONE MORTGAGE CO. 84 City: CORAL GABLES, FL 85 Zip Code: 33134.

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, ELIO M.		1.2 NAME		
STREET ADDRESS	299 ALHAMBRA CIR #316		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 added on an attachment with an address.

SIGNATURE: _____ APR 23 1996 305-443-6569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #