FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15811

1. Corporation Name
MIAMI MORTGAGE GROUP, INC.
6850 Coral Way #501
Miami, Fl 33155

Principal Place of Business / Mailing Address
6850 Coral Way #501
Miami, Fl. 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/29/92
3a. Date of Last Report:

2. Principal Place of Business
21: 6850 Coral Way
Suite, Apt #, etc 22: 501
City & State 23: Miami, Fl
Zip 24: 33155 Country 25: Dade

2a. Mailing Address
26:
Suite, Apt #, etc 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-03112819 ☐ 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
Madan, Carlos F
1150 N.W. 72nd Ave. #407
Miami, Fl 33126

10. Name and Address of New Registered Agent
81 Name: Paola Batista
82 Street Address (P.O. Box Number is Not Acceptable): 6850 Coral Way #501
83: Miami, Fl 33155
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: Paola Batista (Signature of, & printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 7-18-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P/D NAME: Madan, Carlos F STREET ADDRESS: 1150 N.W. 72nd Ave #407 CITY ST ZIP: Miami, Fl	11 TITLE 12 NAME: Paola Batista 13 STREET ADDRESS: 6850 Coral Way, #501 14 CITY ST ZIP: Miami, Fl Paola Batista ☐ Change ☐ Addition
TITLE: S/D NAME: Madan, Robert STREET ADDRESS: 1150 N.W. 72nd Ave #407 CITY ST ZIP: Miami, Fl	21 TITLE 22 NAME: Peretz, Sergio 23 STREET ADDRESS: 6850 Coral Way #501 24 CITY ST ZIP: Miami, Fl 33155 Sergio Peretz ☐ Change ☐ Addition
TITLE: T/D NAME: Ruiz, Alexander STREET ADDRESS: 1150 NW 72nd Ave #407 CITY ST ZIP: Miami, Fl	31 TITLE 32 NAME: Paola Batista 33 STREET ADDRESS: 6850 Coral Way, #507 34 CITY ST ZIP: Miami, Fl 33155 Paola Batista ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP 400001547994 07/27/95 01076-013 ****225.00 ****225.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP ☐ Change ☐ Addition

14. I declare to certify that the information supplied with this form is voluntarily furnished and 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 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: Paola Batista Paola Batista 7/18/95 661-0337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #