

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V30208** (5)

1. Corporation Name
ATLANTIC-PACIFIC MORTGAGE, CORP.

Principal Place of Business 9050 PINES BLVD 358 PEMBROKE PINES FL 33024 US	Mailing Address 9050 PINES BLVD 358 PEMBROKE PINES FL 33024 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0337467	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GONZALEZ JUAN R
15822 STONETOWER ST
DAVE FL 33331

10. Name and Address of New Registered Agent

81 Name Gonzalez, Juan R
82 Street Address (P.O. Box Number is Not Acceptable) 1803 NW 137 Ave
83
84 City Pembroke
85 Zip Code FL 33028

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  **Juan R. Gonzalez, Pres** DATE **4/27/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVST	<input type="checkbox"/> DELETE	1.1 TITLE President/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, JUAN R		1.2 NAME Gonzalez, Juan R.	
STREET ADDRESS 15822 STONETOWER STREET		1.3 STREET ADDRESS 1803 NW 137 Avenue	
CITY-ST-ZIP DAVE FL		1.4 CITY-ST-ZIP Pembroke Pines, FL 33028	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, ALINA		2.2 NAME Gonzalez, Alina	
STREET ADDRESS 15822 STONETOWER STREET		2.3 STREET ADDRESS 1803 NW 137 Avenue	
CITY-ST-ZIP DAVE FL		2.4 CITY-ST-ZIP Pembroke Pines, FL 33028	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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:  **Alina Gonzalez** **V.P.** DATE **4/27/98** **954-428-2034**

CR2E034 (10/97)