2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 16, 2001 08:00 AM DOCUMENT # V44278 1. Entity Name **Secretary of State** INSTITUTIONAL MORTGAGES, INC. Principal Place of Business Mailing Address 730 NW 107 AVENUE 700 N.W. 107 AVE. FL MIAMI FL 33172 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0344327 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCAIN, DAVID B., ESQ. MCCAIN DAVID 700 N.W. 107 AVE. Street Address (P.O. Box Number is Not Acceptable) 700 N.W. 107 AVE MIAMI FL33172 US City Zip Code MIAMI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DAVID B. MCCAIN 01/16/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VT TITLE ☐ Delete TITLE **X** Change ☐ Addition CR2E034 (11/00) MIINOZ. MAME JANICE. NAME MUNOZ JANICE STREET ADDRESS 700 N.W. 107TH AVENUE STREET ADDRESS 730 N.W. 107TH AVENUE CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP DPC ☐ Delete TITLE DPC X Change NAME PEKOR ALLAN J. NAME PEKOR ALLAN J. STREET ADDRESS 700 NW 107 AVE STREET ADDRESS 730 NW 107 AVE CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP MIAMI FL33172 Delete TITLE ☐ Addition MODIST DEBRA NAME STREET ADDRESS 730 NW 107 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI 33172 CITY-ST-ZIP DVAS ☐ Delete TITLE DVAS **X** Change ☐ Addition KAMINSKY NAME KAMINSKY NANCY STREET ADDRESS 700 N.W. 107TH AVENUE STREET ADDRESS 730 N.W. 107TH AVENUE CITY-ST-ZIP MIAMI 33172 CITY-ST-ZIP FLMIAMI 33172 TITLE DV Delete TITLE DVX Change ☐ Addition LINDA NAME REED LINDA STREET ADDRESS 700 N.W. 107TH AVENUE STREET ADDRESS 730 N.W. 107TH AVENUE CITY-ST-ZIP MIAMI 33172 CITY-ST-ZIP MIAMI FL33172 ☐ Delete AS TITLE ☐ Change ☐ Addition IRVINE PATRICIA NAME STREET ADDRESS 730 NW 107 AVENUE STREET ADDRESS CITY-ST-ZIP 33172 CITY-ST-ZIP MIAMI 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

01/16/2001

Daytime Phone #

Date

SIGNATURE: __Janice Munoz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR