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

PROFIT CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.

City & State

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V454

5452 (

Suite, Apt. #, etc.

City & State

Zip

29

NORTHERN TRADE MORTGAGE CORPORATION

Country

9. Name and Address of Current Registered Agent

25

DIEGO, EMENE

Principal Place of Business	Mailing Address			
10481 N KENDALL DR D201 MIAMI FL 33178 US	118 NW 85TH COURT MIAMI FL 33128 US			

FILED
May 06 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intengible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 06/23/1992
4. FEI Number

65-0341381

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

	18 N.W. 851H CT. IIAMI FL 33126		82	Street /	Address (P.O. Box Number is Not Acceptable)				]		
IV	IMM 1 C 33120		83	<del> </del> -				<del></del>	1		
			84	City		85	Zip C	ode	-		
					FL	<b>-</b>	•				
office or r	to the provisions of Sections 607.0502 and 607.150 egistered agont, or both, in the State of Florida. Su m familiar with, and accept the obligations of, Sect	ch change was auti	horized bi	v the corp	corporation submits this statement for the purpose operation's board of directors. I hereby accept the appropriate the corporation of the corporat	if changi pointmer	ing its at as r	registered egistered			
SIGNATURE	Signature typed or protect name of registers diagent and title diapplic	ALL MOTE D			requied when reinstaling) DATE						
12.	OFFICERS AND DIRECTORS		13.	ent signature	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS ANI	D DIREC	TORS	IN 12	16		
TITLE	PST	DELETE	1.1 TOLE		ADDITION OF THE REST OF THE PARTY.	☐ Cha		Addition	200		
NAME	NINO, MAGGIE		1.2 NAME	1		_	•		1 .		
STREET ADDRESS	6101 SW 18 ST.			ADDRESS					8		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S		•				R2F034		
TITLE	D	DELETE	21 TITLE			Cha	nge	Addition	Ö		
NAME	NINO, MAGGIE		2.2 NAME	Ì					1		
STREET ADDRESS	6101 SW 18 ST.		2.3 STREET	ADDRESS							
CITY-ST-ZIP	MIAMI FL		2. 4 CITY -	ST-ZIP					l		
TITLE	VD	DELETE	3.1 TITLE			Cha	nge	Addition	1		
NAME	DIEGO, ANGELA M.		3.2 NAME	-					ľ		
STREET ADDRESS	118 NW 85 CT.		3.3 STREET	ADDRESS							
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - Z						]		
TITLE	CEO	☐ DELETE	4.1 THILE			Cha	nge	Addition			
NAME	DIEGO, EMENE		4. 2 NAME	1							
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TITLE		☐ DELETE	51 TITLE			Cha	nge	Addition			
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET	ADDRESS					ì		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP					]		
TITLE	:	DELETE	6.1 TITLE			L. Char	nge	Addition	l		
NAME			6.2 NAME	İ							
STREET ADDRESS			6.3 STREET	ADDRESS							
CITY-ST-ZIP			6.4 CITY - S						1		
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 employeered 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.											

Country

30