

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:08

DOCUMENT # **V52451** (4)

1. Corporation Name
MIZRAHI FAMILY MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
1005 9 ST 1ST FLOOR MIAMI BEACH FL 33139	1611 ELDONLAS COURT STONE MOUNTAIN GA 30087

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/22/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0424092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	29. Zip Country
24. Zip	25. Country
26. Zip	30. Country

9. Name and Address of Current Registered Agent

ZAMIR, ODED
1005 9 ST
1ST FLOOR
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZAMIR, ODED
STREET ADDRESS	1611 ELDONLAS COURT
CITY-ST-ZIP	STONE MOUNTAIN GA
TITLE	D
NAME	ADIV, HAGIT
STREET ADDRESS	KIRIAT SHMUEL
CITY-ST-ZIP	ISRAEL
TITLE	D
NAME	SHABAT, RIVKA
STREET ADDRESS	MEM GIMAC
CITY-ST-ZIP	JERUSALEM
TITLE	D
NAME	MIZRAHI, RACHEL
STREET ADDRESS	SHOSHANA 7
CITY-ST-ZIP	JERUSALEM
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZAMIR ODED (MIZRAHI)	
1.3 STREET ADDRESS	SAME	
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADIV HAGIT (MIZRAHI)	
2.3 STREET ADDRESS	SAME	
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHABAT RIVKA (MIZRAHI)	
3.3 STREET ADDRESS	SAME	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **D. ODED ZAMIR (MIZRAHI)** *oded zamir* **2-6-95 (404) 498 5464**