

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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # V52451 (4)**  
 Corporation Name  
**MIZRAHI FAMILY MORTGAGE CORPORATION**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/22/1992</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>65-0424092</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: ZAMIR, ODED (MIZRAHI)	11 TITLE:	12 NAME:
STREET ADDRESS: 1611 ELDONLAS COURT	CITY-ST-ZIP: STONE MOUNTAIN GA	13 STREET ADDRESS:	14 CITY-ST-ZIP:
TITLE: D	NAME: ADIVHAGIT (MIZRAHI)	15 TITLE:	16 NAME:
STREET ADDRESS: KIRIAT SHMUEL	CITY-ST-ZIP: ISRAEL	17 STREET ADDRESS:	18 CITY-ST-ZIP:
TITLE: D	NAME: SHABAT, RIVKA (MIZRAHI)	19 TITLE:	20 NAME:
STREET ADDRESS: MEM GIMAC	CITY-ST-ZIP: JERUSALEM	21 STREET ADDRESS:	22 CITY-ST-ZIP:
TITLE: D	NAME: MIZRAHI, RACHEL	23 TITLE:	24 NAME:
STREET ADDRESS: SHOSHANA 7	CITY-ST-ZIP: JERUSALEM	25 STREET ADDRESS:	26 CITY-ST-ZIP:
TITLE:	NAME:	27 TITLE:	28 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	29 STREET ADDRESS:	30 CITY-ST-ZIP:
TITLE:	NAME:	31 TITLE:	32 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	33 STREET ADDRESS:	34 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)(c), 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 in an attachment with an address.

SIGNATURE: *[Signature]* 1 25 98

CR2E034 (10/97)