FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 02, 1996 08:00 AM
Secretary of State

DOCUMENT # **V64886** **(7)**

1. Corporation Name

NATIONTRUST MORTGAGE CO., INC.

Principal Place of Business	Mailing Address
275 FONTAINBLEAU BLVD. SUITE 125 MIAMI FL 33172	275 FONTAINBLEAU BLVD. SUITE 125 MIAMI FL 33172

3. Date Incorporated or Qualified: **09/17/1992**
3a. Date of Last Report: **01/24/1995**

4. FEI Number: **65-0358757** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 275 FONTAINEBLEAU BLVD.
Suite, Apt. #, etc.
22 SUITE 225
City & State
23 MIAMI, FLORIDA
Zip / Country
24 33172 25

2a. Mailing Address
26 275 FONTAINEBLEAU BLVD.
Suite, Apt. #, etc.
27 SUITE 225
City & State
28 MIAMI, FLORIDA
Zip / Country
29 33172 30

9. Name and Address of Current Registered Agent

HERNANDEZ, EYDA Q.
275 FONTAINBLEAU BLVD.
SUITE 125
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: RAUL MAESTRI
82 Street Address (P.O. Box Number is Not Acceptable): 275 FONTAINEBLEAU BLVD.
83 SUITE 225
84 City: MIAMI FL 85 Zip Code: 33172

11. Pursuant to the provisions of Section 607.0502 and 607.1908, 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] 1/17/96 (DATE)
(If changing Registered Agent, Registered Agent must sign above before filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MAESTRI, RAUL 275 FOUNTAINBLEAU BLVD. MIAMI FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST MAESTRI, REGIA 275 FONTAINBLEAU BLVD. MIAMI FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: [signature] RAUL MAESTRI 1/17/96 (305) 223-5626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #