

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90010 036 ***150.00

DOCUMENT # V65165

1. Entity Name
KIWA MORTGAGE CORP.

Principal Place of Business
**5870 SW 8TH ST
 SUITE 7
 MIAMI FL 33144
 US**

Mailing Address
**5870 SW 8TH ST
 SUITE 7
 MIAMI FL 33144-5052
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
P.O. BOX 520682

3. Mailing Address
 Suite, Apt. #, etc.
P.O. BOX 520682

City & State
MIAMI, FLORIDA

Zip Country
33152-0682 US

4. FEI Number **65-0360763** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAULA C. GOMEZ
 5870 S.W. 8TH STREET, SUITE 7
 201 ALHAMBRA CIR SUITE 1200
 MIAMI FL 33144**

Name **PAULA C. GOMEZ**
 Street Address (P.O. Box Number is Not Acceptable)
5840 S.W. 8th ST, STE # 3
 City **MIAMI FL** Zip Code **33144**

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.

SIGNATURE _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LICKSTEIN, FRED K 201 ALHAMBRA CIRCLE STE 1200 CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLANOS, JORGE L 5870 S.W. 8TH ST., STE. 7 MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERGARA, MANUEL 5870 S.W. 8TH ST., STE. 7 MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Director/Jorge L. Bolanos **4-17-00** **305-261-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)