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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V65943

(5)

FILED Jan 28 1998 8:00am Secretary of State

Q MORTGAGE & INVESTMENTS, INC. Principal Place of Business Mailing Address 21414 W DIXIE HIGHWAY PO BOX 800019 N. MIAMI BEACH FL 33180 #1102 AVENTURA FL 33280-0019 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1992 2. Principal Place of Business Mailing Address 4. FEI Number Applied For €00019 65-0360598 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required City & State Gity & State AVENTUKA \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country P100-08968 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes \(\sigma\) No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SASSI, TEDY 3530 MYSTIC POINTE DR Street Address (P.O. Box Number is Not Acceptable) **SUITE 1102** N MIAMI BEACH FL 33180 83 Zip Code 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ___ DELETE Change X Addition TITLE 1.1 TITLE Sassi, CLAUDIO 3530 Mystic Painte Dr. #1102 SASSI, TEDY NAME 12 NAME 3530 MYSTIC POINTE DR.#1102 STREET ADDRESS 1.3 STREET ADDRESS **AVENTURA FL 33180** Aventura, FL 33180 CITY-ST-ZIP 1.4 C/TY-ST-7/P DELETE TITLE 2.1 TITLE Change Addition: NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ... Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE __ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 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)(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: Telly

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