

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90005 024 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000004128 ✓
 1. Corporation Name
 PACIFIC EXCHANGE MORTGAGE LENDER, INC.

Principal Place of Business: 20301 VENTURA BLVD., STE 350 WOODLAND HILLS CA 91364
 Mailing Address: 20301 VENTURA BLVD., STE 350 WOODLAND HILLS CA 91364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 08/06/1997
 4. FEI Number: 95-4590734 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 owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
 PARACORP INCORPORATED
 236 EAST 6TH AVENUE
 TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: FL 85 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. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.
 SIGNATURE: *Myrna Adriano* DATE: 7/1/99
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	
TITLE	PCD	1.1 TITLE	CORPORATE SECRETARY
NAME	MOSTOFI, ROUHANGIZ	1.2 NAME	MYRNA ADRIANO
STREET ADDRESS	2321 GREEN CASTLE LANE	1.3 STREET ADDRESS	20301 VENTURA BL STE 350
CITY-ST-ZIP	OXNARD CA	1.4 CITY-ST-ZIP	WOODLAND HILLS CA 91364
TITLE	V	2.1 TITLE	
NAME	TEHRANI, KEVIN	2.2 NAME	
STREET ADDRESS	22106 CLARENDON ST NO 362	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	
NAME	WALESKY, WILLIAM	3.2 NAME	
STREET ADDRESS	2216 PLANT AVEN NO 'A'	3.3 STREET ADDRESS	
CITY-ST-ZIP	REDONO BEACH CA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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STREET ADDRESS		6.3 STREET ADDRESS	
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NAME		5.2 NAME	
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NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Myrna Adriano* DATE: 7/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/99)