

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

RECEIVED AND FILED
 99 APR 30 AM 9:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # 651597

1. Corporation Name
MORTGAGE GROUP OF AMERICA, INC.

Principal Place of Business
2300 CORAL WAY SUITE 200 MIAMI FL 33145 US

Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145 US

2. Principal Place of Business
 21 **2300 CORAL WAY**
 Suite, Apt #, etc.
 22 **SUITE # 200**
 City & State
 23 **MIAMI FLORIDA**
 Zip Country
 24 **33145** 25 **U.S.**

2a. Mailing Address
 26 **2300 CORAL WAY**
 Suite, Apt #, etc.
 27 **SUITE # 200**
 City & State
 28 **MIAMI FLORIDA**
 Zip Country
 29 **33145** 30 **U.S.**

9. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY #200 MIAMI FL 33145

81 Name
 82 Street Address (P.O. Box Numbers 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, subject to the approval 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. The change of the agent as registered agent I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **AMADA CANTERA LOPEZ, PRES.** 4/26/99

12. OFFICERS AND DIRECTORS

TITLE	PD	[DELETE]
NAME	GAVCOVICH, ABRAM	
STREET ADDRESS	5220 LA CORCE DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	S	[DELETE]
NAME	GAVCOVICH, MARTA	
STREET ADDRESS	5220 LA CORCE DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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[Handwritten signature]

14. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 199.07(1)(g), 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. 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 thereto, in accordance with all other law employees.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ABRAM GAVCOVICH, PRES

0216682

CR2E034 (11/98)