

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 766594 (6)
1. Corporation Name
BAC FUNDING CONSORTIUM, INC.



Principal Place of Business: 6600 N.W. 27TH AVE, MIAMI FL 33147, US
Mailing Address: 6600 N.W. 27TH AVE, MIAMI FL 33147-7220, US

3. Date Incorporated or Qualified: 01/19/1983
3a. Date of Last Report: 03/11/1996
4. FEI Number: 59-2425541
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
HOBBS, GREGORY
6600 N.W. 27 AVE.
MIAMI FL 33147

10. Name and Address of New Registered Agent
81 Name: MILLER, EDWIN L.
82 Street Address (P.O. Box Number is Not Acceptable): 6600 NW 27 AVE.
83
84 City: MIAMI, FL 85 Zip Code: 33147

11. Pursuant to the provisions of Sections 617.0503 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 06/15/97

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FRAZIER, RONALD E.	
STREET ADDRESS	1320 N.W. 88TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOBBS, GREGORY	
STREET ADDRESS	6600 N.W. 27 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CURRY, CYNTHIA W	
STREET ADDRESS	6600 N.E. 27 AVE.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARINER, JONATHAN	
STREET ADDRESS	6600 N.E. 27TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, HERBERT	
STREET ADDRESS	6600 N.W. 27TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KERSHAW, HOWARD	
STREET ADDRESS	6600 NW 27TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, EDWIN L.	
2.3 STREET ADDRESS	6600 NW 27 AVE.	
2.4 CITY-ST-ZIP	MIAMI, FL 33147	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCNEILL, E. ANN	
3.3 STREET ADDRESS	6600 NW 27 AVE.	
3.4 CITY-ST-ZIP	MIAMI, FL 33147	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 6/15/97

CR2E037 (9/96)