

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 27 PM 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K74103 (8)

1. Corporation Name
MORTGAGE GROUP OF AMERICA, INC.

Principal Place of Business Mailing Address
**1036 S.W. 1ST ST 1036 S.W. 1ST ST
2520 N.W. 5TH AVE. MIAMI FL 33130
MIAMI FL 33130 US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **03/20/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0106105** 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 2a. Mailing Address
21 **1036 S.W. 1 ST.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 **MIAMI FLA.** 28
Zip Country Zip Country
24 **33130** 25 **US** 29 30

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICES
1036 S.W. 1ST ST
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **1036 S.W. 1 ST.**
83
84 City **MIAMI FL** 85 Zip Code **33130**

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 *Amada C. Lopez, Pres* **AMADA C. LOPEZ, PRES** DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GAVCOVICH, ABRAM
STREET ADDRESS	5220 LAGORCE DR.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	GAVCOVICH, JEROME N.
STREET ADDRESS	5220 LAGORCE DR.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	KOCHEN, MARCELO J.
STREET ADDRESS	2520 N.W. 5TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	KOCHEN, CARLOS H.
STREET ADDRESS	2520 N.W. 5TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	800001471748
23 STREET ADDRESS	-05/02/95--01150--007
24 CITY - ST - ZIP	****200.00 ****200.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 its 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, or both, in an attachment with an address.

SIGNATURE: *Abram Gavcovich* **ABRAHAM GAVCOVICH** PRE/D 4/25/95