

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

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AND
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96 MAY -1 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1996



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 MIAMI FL 33130 US

3. Date Incorporated or Qualified 03/20/1989	3a. Date of Last Report 04/27/1995
4. FEI Number 65-0106105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY Suite, Apt. #, etc.	26 2300 CORAL WAY Suite, Apt. #, etc.
22 City & State MIAMI FLORIDA,	27 City & State MIAMI FLORIDA,
24 Zip 33145 Country US.	29 Zip 33145 Country US.

9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 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) 2300 CORAL WAY SUITE # 200 83 84 City MIAMI 85 Zip Code FL 33145
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 *[Signature]* **AMADA CANTERA LOPEZ, PRES**
Signature of, and printed name of, registered agent and the corporation (NOTE: Registered Agent's signature required for all registrations)

4-29-96
LAT

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVCOVCH, ABRAM	1.2 NAME	
STREET ADDRESS	5220 LAGORCE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GAVCOVCH, JEROME N.	2.2 NAME	
STREET ADDRESS	5220 LAGORCE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCHEN, MARCELO J.	3.2 NAME	
STREET ADDRESS	2520 N.W. 5TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCHEN, CARLOS H.	4.2 NAME	
STREET ADDRESS	2520 N.W. 5TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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[Handwritten signature]

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 a registered 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 in an amendment, with an address.

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

2/16/96

CR2E034 (12/95)