

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P92000009487 (9)
1. Corporation Name

U.S. FIDELITY TITLE COMPANY



Principal Place of Business: 201 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134 US
Mailing Address: 201 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134 US

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields with sub-headers for Suite, Apt. #, etc; City & State; Zip; Country.

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 05/23/1995
4. FEI Number: 65-0378717
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

9. Name and Address of Current Registered Agent: KRONGOLD, M R, 201 ALHAMBRA CIRCLE, 8TH FLOOR, CORAL GABLES FL 33134
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, Zip Code (FL)

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: [Signature] (Type last name of registered agent or title, if applicable) (Type full agent signature to precede when registering)

12. OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETE checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

14. I do hereby certify that the information supplied with this filing is 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 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] EIDA H. DAVIS 6/14/96
EIDA H. DAVIS (Typed name of signing officer or director)

CR2E034 (3/96)