

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION
 ANNUAL REPORT
 1995



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

APPROVED
 AND
 FILED

95 JUL 14 AM 8:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000002458 (6)

1. Corporation Name

MIAMI REGIONAL MORTGAGE CORP.

Amended

Principal Place of Business

Mailing Address

1175 NE 125TH ST
 S-309
 N MIAMI FL 33161

1175 NE 125TH ST
 S-309
 N MIAMI FL 33161

300001540613
 -07/18/95--01105--012

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/06/1993

3a. Date of Last Report

05/20/1994

4. FEI Number

65-0377814

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENESE R., BLAKE
 1175 NE 125TH ST
 N MIAMI FL 33161

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	VAN, WAITERS
STREET ADDRESS	1175 NE 125TH ST
CITY - ST - ZIP	N MIAMI FL 33161
TITLE	V
NAME	DENESE R. BLAKE
STREET ADDRESS	1175 NE 125TH ST
CITY - ST - ZIP	N MIAMI FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Van, Waiters
1.3 STREET ADDRESS	1175 NE 125th St Suite 309
1.4 CITY - ST - ZIP	Miami, FL 33161 North Miami
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Denesse R. Blake
2.3 STREET ADDRESS	1175 NE 125th St Suite 309
2.4 CITY - ST - ZIP	Miami, FL 33161 North Miami
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	President Kaiuoski Daniels
3.3 STREET ADDRESS	1175 NE 125th St Suite 309
3.4 CITY - ST - ZIP	Miami, FL 33161 North Miami
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP Anastasy P Lundy
4.3 STREET ADDRESS	1175 NE 125th St Suite 309
4.4 CITY - ST - ZIP	Miami, FL 33161 North Miami
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Van Waiters

6/9/95

(305) 291-1188

CR2E034 (3/95)

P93000003176
TEQUESTA CORPORATE CENTER

June 28, 1995

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Sandra B. Mortham
Secretary of State

RE: Document # P93000003176 (3)
Tequesta Realty Corp.

Dear Ms. Mortham:

Please change the mailing address of Tequesta Realty Corp. to :

Tequesta Corporate Center
250 Tequesta Drive, Suite 206
Tequesta, Florida 33469

Because the Annual Corporate Report was sent to our attorney in the suite next door and we never received it, we were obligated to pay the late fee due on the second notice.

Thank you so much for your attention to this matter.

Sincerely,



Harriet Smith for
Louis N. Feibel, President
Tequesta Realty Corp.

7/12/95

CSH

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 6/30/95: \$225.00 DISSOLVED, UNPAID AMOUNT DUE TO REINSTATE: (\$75)

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000003176 (3)

1. Corporation Name
 TEQUESTA REALTY CORP.

Principal Place of Business
 Tequesta Corp. Center
 C/O JEFFER-HOPKINSON-VOGEL-ETAL-
 PO BOX 3010
 TEQUESTA FL 33469 Suite 206
 250 Tequesta Drive
 Tequesta FL 33469

Mailing Address
 Tequesta Corp. Center
 C/O JEFFER-HOPKINSON-VOGEL-ETAL
 250 TEQUESTA DRIVE
 TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		2b		01/14/1993	03/08/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0383978	Not Applied
24 Zip		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

FEIBEL, LOUIS
 % JEFFER, HOPKINSON, VOGEL, COOMBER & PFEIFFER
 250 TEQUESTA DR.
 TEQUESTA FL 33469

10. Name and Address of New Registered Agent				
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City			
85	Zip Code			

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIBEL, LOUIS N.	1.2 NAME	
STREET ADDRESS	50 ROCK ROAD, #A-4	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIBEL, MARY	2.2 NAME	
STREET ADDRESS	652 HUMMINGBIRD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIBEL, CYNTHIA R	3.2 NAME	
STREET ADDRESS	50 ROCK ROAD #A-4	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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	

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 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR