

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1997.
A JOINT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT -1996 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

APPROVED AND FILED

97 JAN 13 AM 9:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000002458 (6)
 1. Corporation Name
 Miami Regional Mortgage Corporation

Principal Place of Business	Mailing Address
1175 NE 125 St Suite 311 Miami, FL 33161	

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 7100 Biscayne Blvd Suite, Apt. #, etc. 22 SUITE 312 City & State 23 Miami, FL Zip 24 33138	25 7100 Biscayne Blvd Suite, Apt. #, etc. 27 SUITE 312 City & State 28 Miami, FL Zip 29 33138
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified 1-6-93	3a. Date of Last Report 1996
4. FEI Number 65-0377814	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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 Arionistus P. Lundy
 1175 NE 125 St.
 Suite 312
 N. Miami, FL 33161

10. Name and Address of New Registered Agent

81 Name Allyn Brennan	82 Street Address (P.O. Box Number is Not Acceptable) 7100 Biscayne Blvd
83 Suite 312	84 City Miami
85 Zip Code 33138	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]* ALLYN BRENNAN 1/1/97
 Signature by CEO or partner (name of registered agent and P.O. Box, if applicable) NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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]* ALLYN BRENNAN 1/1/97 (305) 754-4558
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CORPORATION