

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000028502 (9)**

1. Corporation Name
BUILDERS TITLE COMPANY



Principal Place of Business

900 INGRAHAM BLDG
25 S.E. 2ND AVE.
MIAMI FL 33131

Mailing Address

900 INGRAHAM BLDG
25 S.E. 2ND AVE
MIAMI FL 33131

3. Date Incorporated or Qualified: **04/11/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **11410 N. Kendall Dr.**

2a. Mailing Address
26 **14260 SW 119 Ave**

4. FEI Number: **650579286**
Applied For: Not Applicable

22 **#207**
State, Apt. #, etc.

27
State, Apt. #, etc.

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

23 **Miami, FL**
City & State

28 **Miami, FL**
City & State

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

24 **33176** 25
Zip County

29 **33186** 30
Zip County

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

MURAJ, WALD BIONDO & MORENO P.A.
900 INGRAHAM BLDG.
25 S.E. 2ND AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: **Carlos E. Martinez**
82 Street Address (P.O. Box Number is Not Acceptable): **14260 SW 119 Avenue**
83
84 City: **Miami** FL 85 Zip Code: **33186**

11. Pursuant to the provisions of Sections 607.0507 and 607.1402, 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 I accept the obligations of Section 607.0508, Florida Statutes.

SIGNATURE:

Carlos E. Martinez (Director) 2/2/96
Date of Filing: **2/2/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: D	NAME: MARTINEZ, CARLOS E	1. TITLE: <input type="checkbox"/> DELETE	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: 14260 S.W. 119TH AVE.	3. CITY-STATE-ZIP: MIAMI FL 33183	3. NAME: Gil, Augusto	3. STREET ADDRESS: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE: D	NAME: JIL, AGUSTO	4. TITLE: <input type="checkbox"/> DELETE	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS: 9360 SUNSET DRIVE SUITE 291	6. CITY-STATE-ZIP: MIAMI FL 33173	5. NAME: PINO, SERGIO	5. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE: D	NAME: PINO, SERGIO	6. TITLE: <input type="checkbox"/> DELETE	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS: 901 S.W. 69TH AVENUE	8. CITY-STATE-ZIP: MIAMI FL 33144	7. NAME: <input type="checkbox"/> DELETE	7. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE: <input type="checkbox"/> DELETE		8. STREET ADDRESS: <input type="checkbox"/> DELETE	8. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME: <input type="checkbox"/> DELETE		9. CITY-STATE-ZIP: <input type="checkbox"/> DELETE	9. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS: <input type="checkbox"/> DELETE		10. NAME: <input type="checkbox"/> DELETE	10. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		11. STREET ADDRESS: <input type="checkbox"/> DELETE	11. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. NAME: <input type="checkbox"/> DELETE		13. NAME: <input type="checkbox"/> DELETE	13. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS: <input type="checkbox"/> DELETE		14. STREET ADDRESS: <input type="checkbox"/> DELETE	14. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
15. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		15. CITY-STATE-ZIP: <input type="checkbox"/> DELETE	15. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

650579286
02/26/96 01020-010
***200.00

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(6)(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 examine 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

2/2/96 (306) 233-6776
P.D. 3-21

CR2E034 (12/95)