

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000105241 (8)

1. Corporation Name

A.S.A.P. TITLE CORP.



Principal Place of Business 1000 BRICKELL AVENUE SUITE 660 MIAMI FL 33131	Mailing Address 1000 BRICKELL AVENUE SUITE 660 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 Brickell Avenue Suite, Apt. #, etc. 22 Suite 650 City & State 23 Miami, FL Zip 24 33131 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/15/1997		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent XIGUES, ALBERT J ESQ 1000 BRICKELL AVENUE SUITE 660 MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name Carlos M. Machado, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Avenue, Ste. 660 83 84 City Miami FL 85 Zip Code 33131			
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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 *Carlos Machado* Carlos Machado, Secretary DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	President / Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				1.2 NAME	Juan J. Rodriguez		
STREET ADDRESS				1.3 STREET ADDRESS	1000 Brickell Ave., Ste. 660		
CITY - ST - ZIP				1.4 CITY - ST - ZIP	Miami, FL 33131		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	Vice-President / Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	Manuel A. Mesa		
STREET ADDRESS				2.3 STREET ADDRESS	1000 Brickell Avenue, ste. 660		
CITY - ST - ZIP				2.4 CITY - ST - ZIP	Miami, FL 33131		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Secretary / Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Carlos M. Machado		
STREET ADDRESS				3.3 STREET ADDRESS	1000 Brickell Avenue, Ste. 660		
CITY - ST - ZIP				3.4 CITY - ST - ZIP	Miami, FL 33131		
TITLE		<input type="checkbox"/> DELETE		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		<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			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carlos Machado* April 27 1998 (305) 372-1000