

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90123 023 \*\*\*150.00

0261146

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000067833**

1. Corporation Name  
**COUNTYWIDE TITLE SERVICES, INC.**



Principal Place of Business 11645 BISCAYNE BLVD. SUITE 309 MIAMI FL 33181	Mailing Address 11645 BISCAYNE BLVD. SUITE 309 MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/30/1998**

4. FEI Number <b>65-0854987</b>	Applied For Not Applicable
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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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 21 <b>11645 Biscayne Blvd.</b> Suite, Apt. #, etc. 22 <b>Suite 305D</b> City & State 23 <b>N. Miami, FL</b> Zip 24 <b>33181</b> Country 25 <b>U.S.A.</b>	2a. Mailing Address 26 <b>11645 Biscayne Blvd.</b> Suite, Apt. #, etc. 27 <b>Suite 305D</b> City & State 28 <b>N. Miami, FL</b> Zip 29 <b>33181</b> Country 30 <b>U.S.A.</b>
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9. Name and Address of Current Registered Agent

**SIMON, LORETTA**  
**11645 BISCAYNE BLVD.**  
**SUITE 309**  
**MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name <b>Simon, Loretta</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11645 Biscayne Blvd.</b>
83 <b>Suite 305D</b>
84 City <b>N. Miami</b> State <b>FL</b> Zip Code <b>33181</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>CARDIN, ISIDRO P</b>	
STREET ADDRESS <b>11645 BISCAYNE BLVD. SUITE 309</b>	
CITY-ST-ZIP <b>MIAMI FL 33181</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Simon, Loretta</b>	
1.3 STREET ADDRESS <b>11645 Biscayne Blvd. suite 305D</b>	
1.4 CITY-ST-ZIP <b>N. Miami, FL 33181</b>	
2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Del mazo, Alex</b>	
2.3 STREET ADDRESS <b>11645 Biscayne Blvd. Suite 305D</b>	
2.4 CITY-ST-ZIP <b>N. Miami, FL 33181</b>	
3.1 TITLE <b>TSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Cardin, Isidro</b>	
3.3 STREET ADDRESS <b>11645 Biscayne Blvd. suite 305D</b>	
3.4 CITY-ST-ZIP <b>N. Miami, FL 33181</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/28/99** Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)