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**APPROVED  
AND  
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95 MAY - 1 PH 4: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S62107** (5)

1. Corporation Name  
**THE MORTGAGE AUTHORITY GROUP, INC.**

Principal Place of Business Mailing Address

**1036 SW FIRST ST MIAMI FL 33130 US**      **1036 SW FIRST ST MIAMI FL 33130 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **1036 S.W. 1 ST.** 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 **MIAMI FLA.** 28

24 Zip 25 Country 29 Zip 30 Country

**33130 US.**

3. Date Incorporated or Qualified **06/25/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **05-0272702** 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

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES CANTERA  
1036 SW 1ST STREET  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**

82 Street Address (P.O. Box Number is Not Acceptable) **1036 S.W. 1ST.**

83

84 City **MIAMI** 85 Zip Code **FL 33130**

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 AMADA C. LOPEZ, PRES DATE \_\_\_\_\_

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

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	GAVCOVICH, ABRAM	1 2 NAME	
STREET ADDRESS	5220 LA GORCE DR	1 3 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	1 4 CITY ST ZIP	
TITLE	VD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIGELMAN, ARON	2 2 NAME	
STREET ADDRESS	8934 BYRON AVE	2 3 STREET ADDRESS	
CITY ST ZIP	SURFSIDE FL	2 4 CITY ST ZIP	
TITLE	SD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, NAUM	3 2 NAME	
STREET ADDRESS	7801 BYRON AVE.	3 3 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	3 4 CITY ST ZIP	
TITLE	TD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENNEN, ALFRED	4 2 NAME	
STREET ADDRESS	9301 W. CALUSA CLUB DR	4 3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	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	

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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 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, in an official print with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TITLE OF PRINTING NAME OF BOARD OFFICER OR DIRECTOR