

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

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97 MAY -1 PM 1:36
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S62107 (5)
1. Corporation Name
THE MORTGAGE AUTHORITY GROUP, INC.



Principal Place of Business: **2300 CORAL WAY MIAMI FL 33145**
Mailing Address: **2300 CORAL WAY MIAMI FL 33145-3511**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	2300 CORAL WAY	26	2300 CORAL WAY	06/25/1991	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	SUITE # 200	27	SUITE # 200	65-0272702	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	MIAMI FLORIDA	28	MIAMI FLORIDA	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	33145 US.	29	33145 US.		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY #200 MIAMI FL 33145				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

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]* **AMADA CANTERA LOPEZ, PRES** 4/29/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GAVCOVICH, ABRAM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5220 LA GORCE DR	1.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD CIGELMAN, ARON	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8934 BYRON AVE	2.2 NAME	
STREET ADDRESS	SURFSIDE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD BERMAN, NAUM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7601 BYRON AVE.	3.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD TENNEN, ALFRED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9301 W. CALUSA CLUB DR	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I do 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 change of or an attachment with an address.

SIGNATURE: *[Signature]* **ABRAM GAVCOVICH - PRES.** Date: 2/7/97 Daytime Phone #: 0203023

CR2E034 (9/96)