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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S62107

1. Corporation Name
THE MORTGAGE AUTHORITY GROUP, INC.

Principal Place of Business
2300 CORAL WAY SUITE 200 MIAMI FL 33145

Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145

2. Principal Place of Business
21 **2300 CORAL WAY**
Suite, Apt. #, etc.
22 **SUITE # 200**
City & State
23 **MIAMI FLORIDA**
Zip Country
24 **33145 U.S.**

2a. Mailing Address
26 **2300 CORAL WAY**
Suite, Apt. #, etc.
27 **SUITE # 200**
City & State
28 **MIAMI FLORIDA**
Zip Country
29 **33145 U.S.**

9. Name and Address of Current 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 Accepted)
83
84 City
85 Zip Code
FL

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 for both of the State of Florida. Such change was authorized by the corporation's Board of Directors. The duly elected/appointed/as registered agent I am familiar with, and accept the filing of this report 607.0505, Florida Statutes

SIGNATURE *[Signature]* **AMADA CANTERA LOPEZ, PRES.**
(NOTE: Required for corporations only)

12. OFFICERS AND DIRECTORS

TITLE	PD	[DELETE]
NAME	GAVCOVICH, ABRAM	
STREET ADDRESS	5220 LA GORCE DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	[DELETE]
NAME	CIGELMAN, ARON	
STREET ADDRESS	8934 BYRON AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	[DELETE]
NAME	BERMAN, NAUM	
STREET ADDRESS	7601 BYRON AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	[DELETE]
NAME	TENNEN, ALFRED	
STREET ADDRESS	9301 W. CALUSA CLUB DR	
CITY-ST-ZIP	MIAMI FL	
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[Change] [DELETE]
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	[Change] [DELETE]
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	[Change] [DELETE]
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	[Change] [DELETE]
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	[Change] [DELETE]
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate and that my Signature should have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or a person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attached exhibit, with all other full employees.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:
ABRAM GAVCOVICH, PRES

CR2E034 (1/198)