

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 129340
 1. Corporation Name
AMERICAN MORTGAGE EXPRESS, INC.

Principal Place of Business 5901 NW 151 Street Suite 120 Miami Lakes, FL 33014	Mailing Address P.O. Box 4550 Miami Lakes, FL 33014
---	---

2. Principal Place of Business 21 5901 NW 151 Street Suite, Apt. #, etc. 22 Suite 120 City & State 23 Miami Lakes, FL Zip 24 33014	2a. Mailing Address 26 P.O. Box 4550 Suite, Apt. #, etc. 27 City & State 28 Miami Lakes, FL Zip 29 33014	3. Date Incorporated or Qualified 4/17/1992	3a. Date of Last Report	4. FEI Number 65-0327171 Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--	-------------------------	--	--	---	---

9. Name and Address of Current Registered Agent Burnside, Estelle 5901 NW 151 Street Suite 120 Miami Lakes, FL 33014	10. Name and Address of New Registered Agent 81 Name Weitzer, Harry 82 Street Address (P.O. Box Number is Not Acceptable) 5901 NW 151 Street Suite 120 83 -05/08/97--01001--025 84 City Miami Lakes FL 85 Zip Code 33014
--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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, Sections 607.0502, Florida Statutes.

SIGNATURE *[Signature]* HARRY WEITZER, P/D DATE 4/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE	NAME Weitzer, Harry	TITLE V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Speizer, Harry
STREET ADDRESS 5901 NW 151 Street, #120	CITY-ST-ZIP Miami Lakes, FL 33014	1.2 NAME	1.3 STREET ADDRESS 5901 NW 151 Street, #120
1.4 CITY-ST-ZIP Miami Lakes, FL 33014	TITLE VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE Controller	2.2 NAME Hart, Timothy
NAME Burnside, Estelle	STREET ADDRESS 5901 NW 151 Street, Suite 120	2.3 STREET ADDRESS 5901 NW 151 Street, Suite 120	2.4 CITY-ST-ZIP Miami Lakes, FL 33014
CITY-ST-ZIP Miami Lakes, FL 33014	TITLE VPS <input checked="" type="checkbox"/> DELETE	3.1 TITLE V/T/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME Kleinerman, Peter
NAME Coren, George	STREET ADDRESS 5901 NW 151 Street, #120	3.3 STREET ADDRESS 5901 N.W. 151 Street, #120	3.4 CITY-ST-ZIP Miami Lakes, FL 33014
CITY-ST-ZIP Miami Lakes, FL 33014	TITLE CFO <input checked="" type="checkbox"/> DELETE	4.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME Rosewater, James
NAME Ginsburg, Richard M.	STREET ADDRESS 5901 NW 151 Street, #120	4.3 STREET ADDRESS 5901 N.W. 151st Street, #120	4.4 CITY-ST-ZIP Miami Lakes, FL 33014
CITY-ST-ZIP Miami Lakes, FL 33014	TITLE VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME Feldsteen, Leigh
NAME Mellado, Arahum	STREET ADDRESS 5901 NW 151 Street, #120	5.3 STREET ADDRESS 5901 N.W. 151 Street, #120	5.4 CITY-ST-ZIP Miami Lakes, FL 33014
CITY-ST-ZIP Miami Lakes, FL 33014	TITLE <input type="checkbox"/> DELETE	6.1 TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.2 NAME Johnston, Patrice M.
NAME	STREET ADDRESS	6.3 STREET ADDRESS 5901 N.W. 151st Street, #120	6.4 CITY-ST-ZIP Miami Lakes, FL 33014
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)(f), 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. If 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* PATRICE M. JOHNSTON DATE 4/24/97 DAYTIME PHONE # 305-819-4663

CR2E034 (9/96)