

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 435349 (6)
1. Corporation Name
UNIVERSAL AMERICAN MORTGAGE COMPANY

Principal Place of Business
700 NW 107 AVENUE
MIAMI FL 33172

Mailing Address
700 NW 107 AVENUE
MIAMI FL 33172-3161

3. Date Incorporated or Qualified
11/02/1973

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1494026	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J. ESQ.
700 NW 107TH AVENUE
4TH FLOOR
MIAMI FL 33172

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	SAIONTZ, STEVEN	<input type="checkbox"/> DELETE
NAME		700 NW 107TH AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	V	MODIST, DEBRA	<input type="checkbox"/> DELETE
NAME		700 NW 107TH AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	DSV	REED, LINDA	<input type="checkbox"/> DELETE
NAME		700 NW 107TH AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	VT	MUNOZ, JANICE	<input type="checkbox"/> DELETE
NAME		700 NW 107TH AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	VD	KAMINSKY, NANCY	<input type="checkbox"/> DELETE
NAME		700 NW 107TH AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	V	PEKOR, ALLAN J.	<input type="checkbox"/> DELETE
NAME		700 NW 107TH AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 changed, or on an attachment with an address

SIGNATURE:

Debra Modist 1-13-97 (305) 229-1400

CP2E034 (9/96)