

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 528127 (4)

1. Corporation Name

U.S. TITLE COMPANY



Principal Place of Business

3971 SW 8TH STREET, #301  
MIAMI FL 33134

Mailing Address

3971 SW 8TH STREET, #301  
MIAMI FL 33134

2. Principal Place of Business

2a. Mailing Address

21 2121 Ponce De Leon Blvd.

26 2121 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 505

27 Suite 505

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip Country

Zip Country

24 33134

25

29 33134

30

3. Date Incorporated or Qualified

02/07/1977

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1959502

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

10. Name and Address of New Registered Agent

LARRIEU, SILVIA L.  
3971 SW 8TH STREET #301  
MIAMI FL 33134

81 Name  
(Same)

82 Street Address (P.O. Box Number is Not Acceptable)  
2121 Ponce De Leon Blvd., Ste 505

83

84 City

Coral Gables,

FL

85 Zip Code

33134

11 Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and trust applicable.

Silvia L. Larrieu, President

(NOTE: Registered Agent signature required when reinstating)

04/24/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LARRIEU, SILVIA L.  
STREET ADDRESS 3971 SW 8TH ST. #301  
CITY-ST-ZIP MIAMI FL ☐ DELETE

1.1 TITLE PD  
1.2 NAME LARRIEU, SILVIA L.  
1.3 STREET ADDRESS 2121 Ponce De Leon Blvd., Ste 505  
1.4 CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE V  
NAME LARRIEU, SILVIA L.  
STREET ADDRESS 3971 SW 8TH ST. #301  
CITY-ST-ZIP MIAMI FL ☐ DELETE

2.1 TITLE V  
2.2 NAME LARRIEU, SILVIA L.  
2.3 STREET ADDRESS 2121 Ponce De Leon Blvd., Ste 505  
2.4 CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE S  
NAME LARRIEU, SILVIA L.  
STREET ADDRESS 3971 SW 8TH ST. #301  
CITY-ST-ZIP MIAMI FL ☐ DELETE

3.1 TITLE S  
3.2 NAME LARRIEU, SILVIA L.  
3.3 STREET ADDRESS 2121 Ponce De Leon Blvd., Ste 505  
3.4 CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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:

Silvia L. Larrieu, President 04/24/96 (305)442-9715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)