

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

**FILED**

**May 14 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 # F96000005053 (1)**

1. Corporation Name  
**BRUCHA MORTGAGE BANKERS CORP.**



Principal Place of Business

**951 NE 167TH STREET, STE 102  
N MIAMI BEACH FL 33162**

Mailing Address

**951 NE 167TH STREET, STE 102  
N MIAMI BEACH FL 33162-3711**

3. Date Incorporated or Qualified **10/01/1996** 3a. Date of Last Report **12-31-96**  
4. FEI Number **11-2782140** 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

2. Principal Place of Business

21 **633 NE 167 STREET**  
22 **SUITE 312**  
23 **NORTH MIAMI FL 33162**  
24 **33162** 25 Country

2a. Mailing Address

26 **633 NE 167TH ST**  
27 **SUITE 312**  
28 **NORTH MIAMI**  
29 **33162** 30 Country

9. Name and Address of Current Registered Agent

**KATZ, MARVIN E  
951 NE 167TH STREET, STE 102  
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name **SHIMMY WEISS**  
82 Street Address (P.O. Box Number is Not Acceptable) **633 N.E. 167TH STREET**  
83 **SUITE 312**  
84 City **NORTH MIAMI** FL 85 Zip Code **33162**

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]* DATE **4-30-97**

Signature, typed or printed name of registered agent if applicable (NOTE: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>RABINOWITZ, BARUCH</b>	
STREET ADDRESS	<b>5809 18TH AVENUE</b>	
CITY-ST-ZIP	<b>BROOKLYN NY</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RABINOWITZ, YISROEL</b>	
STREET ADDRESS	<b>5809 18TH AVENUE</b>	
CITY-ST-ZIP	<b>BROOKLYN NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 in an attachment with an address.

SIGNATURE: *[Signature]*

CR2E034 (9/96)