
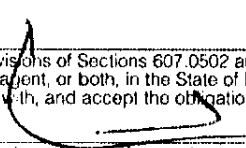
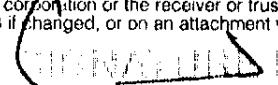


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G69819 (2)</b>					
1. Corporation Name <b>AMERILOAN MORTGAGE CORP.</b>					
Principal Place of Business <b>500 E. BROWARD BLVD. SUITE 1100 FT. LAUDERDALE FL 33394</b>			Mailing Address <b>500 E. BROWARD BLVD. SUITE 1100 FT. LAUDERDALE FL 33394-3085</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/20/1983</b>	
21. Suite, Apt. #, etc. <b>920</b>		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>59-2437143</b>	
23. Zip		28. Zip		Applied For Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MARULANDA, PABLO A 500 E. BROWARD BLVD. SUITE 1100 FT. LAUDERDALE FL 33394</b>			10. Name and Address of New Registered Agent		
			81. Name <b>Marulanda, Carlos A</b>		
			82. Street Address (P.O. Box Number is Not Acceptable) <b>500 E. Broward Blvd.</b>		
			83. Suite: <b>920</b>		
			84. City <b>FT. Lauderdale FL</b>		
			85. Zip Code <b>33394</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE <b>04-28-97</b>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <b>MARULANDA, PABLO A</b>					
1.3 STREET ADDRESS <b>18444 NW 9TH COURT</b>					
1.4 CITY-ST-ZIP <b>PEMBROKE PINES FL</b>					
2.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME <b>DO</b>					
2.3 STREET ADDRESS <b>2656 Jardin Lane</b>					
2.4 CITY-ST-ZIP <b>Fort Lauderdale FL 33327</b>					
3.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME <b>Marulanda, Carlos A.</b>					
3.3 STREET ADDRESS <b>668 Stanton Dr.</b>					
3.4 CITY-ST-ZIP <b>Fort Lauderdale, FL 33326</b>					
4.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME <b>DO</b>					
4.3 STREET ADDRESS <b>Marulanda, Cesar A.</b>					
4.4 CITY-ST-ZIP <b>694 Stanton Dr.</b>					
5.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME <b>DO</b>					
5.3 STREET ADDRESS <b>Marulanda, Edgar Alfredo</b>					
5.4 CITY-ST-ZIP <b>812 Sand Creek Circle</b>					
6.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME <b>DO</b>					
6.3 STREET ADDRESS <b>Fort Lauderdale FL 33327</b>					
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE <b>04/28/97</b> Daytime Phone # <b>(954) 463-2900</b>					

CR2E034 (9/96)