FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

Address Change Only
$ 208.75 LW

DOCUMENT # G79993 (3)

1. Corporation Name
STEWART TITLE OF MIAMI, INC.

Principal Place of Business	Mailing Address
100 ALMERIA AVE STE 340 CORAL GABLES FL 33134	100 ALMERIA AVE STE 340 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1984
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21 2701 Ponce De Leon Blvd.	26 2701 Ponce De Leon Blvd.
Suite, Apt. #, etc: 22 Suite 201	Suite, Apt. #, etc: 27 Suite 201
City & State: 23 Coral Gables, FL	City & State: 28 Coral Gables, FL
Zip: 24 33134 Country: 25 USA	Zip: 29 33134 Country: 30 USA

4. FEI Number: 59-2366066 ☐ 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

HICKMAN, HAROLD E.
3401 WEST CYPRESS ST., SUITE 101
TAMPA FL 33607

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 date. NOTE: Registered agent's signature required where applicable. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HICKMAN, HAROLD E.	12 NAME	
STREET ADDRESS	3401 WEST CYPRESS ST., SUITE 101	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	hange ☐ Addition
NAME	~~HAGAN, FRANK E.~~	22 NAME	delete
STREET ADDRESS	100 ALMERIA AVE., SUITE 340	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	COKA, ALEXANDRA	32 NAME	
STREET ADDRESS	100 ALMERIA AVE., SUITE 340	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE	~~VP~~	41 TITLE	☐ Change ☐ Addition
NAME	~~BRADOR, ALFONSO~~	42 NAME	delete
STREET ADDRESS	~~100 ALMERIA AVE 340~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~CORAL GABLES FL~~	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ 4-1-95 407 686-8530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code & Daytime Phone #)
Alexandra Coka

0140330 CP