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 # G79993 (3)

1. Corporation Name

STEWART TITLE OF MIAMI, INC.

Principal Place of Business	Mailing Address
2701 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES FL 33134-6020	2701 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES FL 33134-6020

2. Principal Place of Business
21
Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/25/1984
3a. Date of Last Report: 04/25/1995
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HICKMAN, HAROLD E.	
STREET ADDRESS	3401 WEST CYPRESS ST., SUITE 101	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	☐ DELETE
NAME	COKA, ALEXANDRA	
STREET ADDRESS	100 ALMERIA AVE., SUITE 340	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		XX Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2701 Ponce De Leon Blvd., Suite201	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134-6020	
3.1 TITLE	VP	☐ Change ☒ Addition
3.2 NAME	Philip S. Goldin	
3.3 STREET ADDRESS	2701 Ponce De Leon Blvd., Suite 201	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134-6020	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	☐ Change ☒ Addition
5.2 NAME	Kenneth L. Townsend	
5.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd., Suite 100	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401-2344	
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: Kenneth L. Townsend   2/14/96   (407) 686-8530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Kenneth L. Townsend, President   Date   Daytime Phone #

CR2E034 (12/95)