

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 8:32

DOCUMENT # **J63287** (3)

1. Corporation Name
FIDELITY NATIONAL GROUP CORPORATION

Principal Place of Business Mailing Address
4960 SW 72 AVE #404 MIAMI FL 33155 **4960 SW 72 AVE #404 MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/20/1987** 3a. Date of Last Report **06/29/1994**

2. Principal Place of Business 21 10680 S.W. 113th Place Suite, Apt. #, etc.	2a. Mailing Address 26 10680 S.W. 113th Place Suite, Apt. #, etc.	4. FEI Number 59-2746532	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Miami, FL	28 City & State Miami, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33126	25 Country USA	29 Zip 33126	30 Country USA
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CHAVEZ, JERRY 4960 SW 72 AVE. #404 MIAMI FL 33155	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10680 S.W. 113th Place 83 84 City Miami, FL 85 Zip Code 33176
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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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVEZ, GERARDO	1.2 NAME	Chavez, Gerardo
STREET ADDRESS	4960 SW 72ND AVE., #404	1.3 STREET ADDRESS	10680 S.W. 113th Place
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL 33176
TITLE	STD	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA OSHA, CARLOS	2.2 NAME	De la Osa, Carlos
STREET ADDRESS	4960 S.W. 72ND AVE., #303	2.3 STREET ADDRESS	10680 S.W. 113th Place
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Miami, FL 33176
TITLE	VD	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVEZ, JERRY	3.2 NAME	Chavez, Jerry
STREET ADDRESS	4960 SW 72ND AVE., #404	3.3 STREET ADDRESS	10680 S.W. 113th Place
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Miami, FL 33176
TITLE	D	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA OSA, JORGE	4.2 NAME	De la Osa, Jorge
STREET ADDRESS	4960 S.W. 72ND AVENUE #303	4.3 STREET ADDRESS	10680 S.W. 113th Place
CITY - ST - ZIP	CORAL GABLES FL	4.4 CITY - ST - ZIP	Miami, FL 33176
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, TITO VICENTE	5.2 NAME	
STREET ADDRESS	7511 SW 89TH AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 checked, or on an attachment with an address.

SIGNATURE: _____ DATE: **5/22/95** 305-273-3000