

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

96 MAY -1 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K74103 (8)**

1. Corporation Name
MORTGAGE GROUP OF AMERICA, INC.



Principal Place of Business Mailing Address
1036 S.W. 1ST ST MIAMI FL 33130 US

3. Date Incorporated or Qualified **03/20/1989** 3a. Date of Last Report **04/27/1995**
4. FEI Number **65-0106105** 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 2a. Mailing Address
21 **2300 CORAL WAY** 26 **2300 CORAL WAY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **MIAMI FLORIDA,** 28 **MIAMI FLORIDA,**
Zip Country Zip Country
24 **33145** 25 **US.** 29 **33145** 30 **US.**

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICES INC.
1036 S.W. 1ST ST
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name **FLORIDA ANNUAL REPORT SERVICES, INC.**
82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY SUITE # 200
83
84 City **MIAMI** 85 Zip Code **FL 33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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]* **AMADA CANTERA LOPEZ, PRES**
Signature of, and printed name of, registered agent and the corporation (NOTE: Registered Agent's signature required for all registrations)

4-29-96
LAT

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GAVCOVCH, ABRAM	
STREET ADDRESS	5220 LAGORCE DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAVCOVCH, JEROME N.	
STREET ADDRESS	5220 LAGORCE DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOCHEN, MARCELO J.	
STREET ADDRESS	2520 N.W. 5TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOCHEN, CARLOS H.	
STREET ADDRESS	2520 N.W. 5TH AVE.	
CITY-ST-ZIP	MIAMI FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

800001806-488
-05/03/96--01030--016
****200.00 ****200.00

[Handwritten: 17511]

14. I do hereby certify that the information supplied with this filing was 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 a registered 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 amendment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ABRAM GAVCOVCH

[Handwritten: 2/16/96]

CR2E034 (12/95)