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 # L07439 (7)

1. Corporation Name

AMERICAN TRUST MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
1470 NW 107TH AVENUE SUITE #C MIAMI FL 33172	1470 NW 107TH AVENUE SUITE #C MIAMI FL 33172

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

3. Date Incorporated or Qualified: 08/08/1989
3a. Date of Last Report: 01/27/1995
4. FEI Number: 65-0175508 — 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

FAMADA, LILIA
13940 S.W. 38TH STREET
MIAMI FL 33175

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] 3/11/96

12. OFFICERS AND DIRECTORS

	12. Officers and Directors	Delete
TITLE	STP	[ ] DELETE
NAME	FAMADA, LILIA	
STREET ADDRESS	13940 SW 38TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	[ ] DELETE
NAME	PERAZA, JOSEPHINE	
STREET ADDRESS	9965 SW 118TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	[ ] DELETE
NAME	GONZALEZ, GLENDA	
STREET ADDRESS	8819 NW 110TH LANE	
CITY-ST-ZIP	HIALEAH GARDENS 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
3 TITLE		[ ] Change [ ] Addition
4 TITLE		[ ] Change [ ] Addition
5 TITLE		[ ] Change [ ] Addition
6 TITLE		[ ] Change [ ] Addition

CR2E034 (12/95)

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)(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] 3/11/96 305-4770884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #