

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L56428 (0)**

1. Corporation Name  
**AIB MORTGAGE COMPANY**

Principal Place of Business <b>2500 NW 79 AVE MIAMI FL 33122 US</b>	Mailing Address <b>2500 NW 79 AVE MIAMI FL 33122-1071 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/07/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
21		26		4. FEI Number <b>65-0179723</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	25	Country		
29	Zip	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>LOPEZ, JORGE A</b> <b>2500 NW 79TH AVE.</b> <b>MIAMI FL 33122</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	12.1 NAME	1.1 TITLE	1.1 NAME
NAME	12.2 NAME	1.2 NAME	1.2 NAME
STREET ADDRESS	12.3 STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	12.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	12.5 NAME	2.1 TITLE	2.1 NAME
NAME	12.6 NAME	2.2 NAME	2.2 NAME
STREET ADDRESS	12.7 STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	12.8 CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	12.9 NAME	3.1 TITLE	3.1 NAME
NAME	12.10 NAME	3.2 NAME	3.2 NAME
STREET ADDRESS	12.11 STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	12.12 CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	12.13 NAME	4.1 TITLE	4.1 NAME
NAME	12.14 NAME	4.2 NAME	4.2 NAME
STREET ADDRESS	12.15 STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	12.16 CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	12.17 NAME	5.1 TITLE	5.1 NAME
NAME	12.18 NAME	5.2 NAME	5.2 NAME
STREET ADDRESS	12.19 STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	12.20 CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	12.21 NAME	6.1 TITLE	6.1 NAME
NAME	12.22 NAME	6.2 NAME	6.2 NAME
STREET ADDRESS	12.23 STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	12.24 CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: Jorge A. Lopez 4/24/97 (305) 715-0000 X3379  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)