

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L64337** (3)

1. Corporation Name
EUROMORTGAGE, INC.



Principal Place of Business 1801 PONCE DE LEON BLVD CORAL GABLES FL 33134 US	Mailing Address 1801 PONCE DE LEON BLVD CORAL GABLES FL 33134-4412 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1990	3a. Date of Last Report 05/21/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0247969		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LEWIS, JOSPEH A. 1801 PONCE DE LEON BLVD CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				81 Name ANSARI, JULIA A.	
				82 Street Address (P.O. Box Number is Not Acceptable) 1901 PONCE DE LEON	
				83	
				84 City CORAL GABLES	85 Zip Code FL 33134

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:  **VICE PRESIDENT - CORP. SECRETARY** 4-16-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THERIAGA, JOSEPH			1.2 NAME			
STREET ADDRESS	1901 PONCE DE LEON BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, JOSEPH A.			2.2 NAME	ANSARI, JULIA A.		
STREET ADDRESS	1901 PONCE DE LEON BLVD			2.3 STREET ADDRESS	1901 PONCE DE LEON BLVD,		
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33134		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARQUES, ANTONIO			3.2 NAME	MARQUES, PAULO B.		
STREET ADDRESS	1901 PONCE DE LEON BLVD			3.3 STREET ADDRESS	1901 PONCE DE LEON BLVD.		
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33143		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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:  **VICE PRESIDENT - CORP. SECRETARY** 4-16-97
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)