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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L64337 (3)
1. Corporation Name
EUROMORTGAGE, INC.



Principal Place of Business Mailing Address
1801 PONCE DE LEON BLVD 1901 PONCE DE LEON BLVD
CORAL GABLES FL 33134 CORAL GABLES FL 33134
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0247969	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANSARI, JULIA A
1901 PONCE DE LEON
CORAL GABLES FL 33134

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, 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	DELETE		1.1 TITLE	V	Change	Addition
NAME	THEIRIAGA, JOSEPH			1.2 NAME	BARRY POST		
STREET ADDRESS	1901 PONCE DE LEON BLVD.			1.3 STREET ADDRESS	1901 PONCE DE LEON BLVD.		
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	CS	DELETE		2.1 TITLE	T	Change	Addition
NAME	ANSARI, JULIA A.			2.2 NAME	DAVID P. STARK		
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, FL 33134		
TITLE	D	DELETE		3.1 TITLE		Change	Addition
NAME	MARQUES, PAULO B.			3.2 NAME			
STREET ADDRESS	1901 PONCE DE LEON BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: [Signature] (305) 444-4141

CR2E034 (10/97)