

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

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 # L77678 (5)
1. Corporation Name
MORTGAGE MASTERS INVESTORS, INC.



Principal Place of Business Mailing Address
C/O MAGALY TELLERIA C/O MAGALY TELLERIA
1401 SW 107 AVE. S-301-M 1401 SW 107 AVE. S-301-M
MIAMI FL 33174 MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>SAME</u> Suite, Apt. #, etc. 22 <u>MIAMI</u> City & State	2a. Mailing Address 26 <u>SAME</u> Suite, Apt. #, etc. 27 <u>MIAMI</u> City & State	3. Date Incorporated or Qualified 06/01/1990	4. FEI Number 65-0214679 Applied For Not Applicable
23 <u>33174</u> Zip	24 <u>USA</u> Country	25 <u>33174</u> Zip	26 <u>USA</u> Country
9. Name and Address of Current Registered Agent TELLERIA, MAGALY 3150 SW 109 AVE MIAMI FL 33165		10. Name and Address of New Registered Agent 81 Name <u>SAME</u> 82 Street Address (P.O. Box Number is Not Acceptable) 3150 SW 109 AVE 83 84 City <u>MIAMI</u> FL 85 Zip Code <u>33165</u>	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	TELLERIA, MAGALY	1.2 NAME	
STREET ADDRESS	3150 SW 109 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	CRUZ, ILEANA	2.2 NAME	
STREET ADDRESS	11385 SW 32 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME		3.2 NAME	LORENZO A. LOPEZ.
STREET ADDRESS		3.3 STREET ADDRESS	3150 SW 109 AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 _____ 04-22-98 305-223-5100

CR2E034 (10/97)