

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

FILED

Apr 17 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 # **M49561** (7)
1. Corporation Name
YORK TITLE COMPANY



Principal Place of Business 6262 BIRD RD., SUITE 2-B MIAMI FL 33155	Mailing Address 6262 BIRD RD., SUITE 2-B MIAMI FL 33155-4882
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3. Date Incorporated or Qualified 03/31/1987	3a. Date of Last Report 04/29/1996
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21. Principal Place of Business 6262 Bird Rd.	2a. Mailing Address 6262 Bird Rd.	4. FEI Number 59-2709558	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. 2 H	26. Suite, Apt. #, etc. 2 H	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State MIAMI, FL.	27. City & State MIAMI, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 33155	25. Country Dade	29. Zip 33155	30. Country Dade

BIRD, INC.
6262 BIRD RD., SUITE 2-B
MIAMI FL 33155

81. Name Carmen C. Ferreira	82. Street Address (P.O. Box Number is Not Acceptable) 6262 Bird Rd. #2H
83. City MIAMI	84. State FL
85. Zip Code 33155	

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: *Carmen C. Ferreira* DATE: **4/14/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE President, Secretary, Treasurer, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERREIRA, CARMEN		1.2 NAME Carmen C. Ferreira	
STREET ADDRESS 6262 BIRD RD., SUITE 2-B		1.3 STREET ADDRESS 6262 Bird Rd. #2H MIAMI, FL. 33155	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI, FL. 33155	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GARRIDO, JOSE A., JR.		2.2 NAME ELOISA C. Rodriguez-Dod	
STREET ADDRESS 6262 BIRD RD., SUITE 2-B		2.3 STREET ADDRESS 6262 Bird Rd. #2H	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI, FL. 33155	
TITLE SDT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARRIDO, JOSE A.		3.2 NAME	
STREET ADDRESS 6262 BIRD RD., SUITE 2-B		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
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: *Carmen C. Ferreira* DATE: **4/14/97** (305) 665-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Carmen C. Ferreira** Daytime Phone #

CR2E034 (9/96)