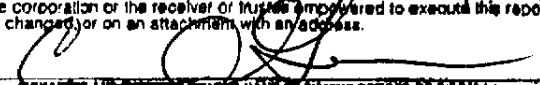


FILED
May 13 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Norrham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name YORK TITLE COMPANY		m49561	
Principal Place of Business 6262 Bird Rd. #2H Miami, Florida 33155		Mailing Address 6262 Bird Rd. #2H Miami, Florida 33155	
2. Principal Place of Business a1 6262 Bird Rd. Suite, Apt. #, etc. 2H		2a. Mailing Address a2 see above Suite, Apt. #, etc.	
23 City & State Miami, Florida 33155		27 City & State	
24 Zip Country USA		29 Zip Country USA	
9. Name and Address of Current Registered Agent Carmen C. Ferreira 6262 Bird Rd. #2H Miami, Florida 33155		10. Name and Address of New Registered Agent	
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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		b1 Name b2 Street Address (P.O. Box Number is Not Acceptable) b3 b4 City FL b5 Zip Code	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP P/S/T Carmen C. Ferreira 6262 Bird Rd. #2H Miami, FL 33155		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Eloisa C. Rodriguez-Dod 6262 Bird Rd. #2H Miami, FL 33155		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.		000002522950 -05/14/98--01012--023 ***150.00	
SIGNATURE: 		4/29/98 (305) 665-5060	