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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M51362 (5)

1. Corporation Name
UNITED TITLE AND ESCROW CORPORATION



Principal Place of Business

C/O EARLINE G. FORD
1220 BRICKELL AVE. SUITE 700
MIAMI, FL 33134

Mailing Address

C/O EARLINE G. FORD
1220 BRICKELL AVE. SUITE 700
MIAMI, FL 33134

2. Principal Place of Business

21 550 Biltmore Way

Suite, Apt. #, etc.

22 Suite 700

City & State

23 Coral Gables, Florida

Zip Country

24 33134

25 Dade

2a. Mailing Address

26 550 Biltmore Way

Suite, Apt. #, etc.

27 Suite 700

City & State

28 Coral Gables, Florida

Zip Country

29 33134

30 Dade

3. Date Incorporated or Qualified

05/01/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

58-1736068

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes:

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NEDBOR, NIKKI, J
1221 BRICKELL AVENUE
SUITE 2500
MIAMI, FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

550 Biltmore Way

83 Suite 700

84 City

Coral Gables

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STUZZIN, CHARLES B.

STREET ADDRESS 1221 BRICKELL AVE. SUITE 2500

CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ DELETE

NAME CAMNER, ALFRED R.

STREET ADDRESS 1221 BRICKELL AVE. SUITE 2500

CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ DELETE

NAME FORD, EARLINE G.

STREET ADDRESS 1221 BRICKELL AVE. SUITE 2500

CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

550 Biltmore Way, Suite 700

Coral Gables, Florida 33134

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

550 Biltmore Way, Suite 700

Coral Gables, Florida 33134

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

550 Biltmore Way, Suite 700

Coral Gables, Florida 33134

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

E. G. Ford, Sec.-Treas.

(305) 442-4994

CR2E034 (9/96)