FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28397 (0)

1. Corporation Name

MORTGAGE BANKERS ASSOCIATION OF GREATER MIAMI, I NC.

Principal Place of Business	Mailing Address
2601 S BAYSHORE DR SUITE 250 COCONUT GROVE FL 33133 US	2601 S BAYSHORE DR SUITE 250 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7295132 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAYHURST-ROMANO, PATRICIA
HAYHURST AND ASSOCIATES,INC
2601 S BAYSHORE DRIVE SUITE 250
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: E. Brooks Kurtz
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S Bayshore Drive
83: Suite 250
84 City: Coconut Grove FL 85 Zip Code: 33133

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: E. Brooks Kurtz 4/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when initiating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	P	☒ Change ☐ Addition
NAME	NEITZEL, SCOTT	1.2 NAME	E. Charles Rogers	
STREET ADDRESS	730 NW 107TH AVE SUITE 100	1.3 STREET ADDRESS	3401 N.W. 82nd Avenue, Ste 200	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33122	
TITLE	DVP	2.1 TITLE	V	☒ Change ☐ Addition
NAME	BONNET, ROBERT L.	2.2 NAME	Patricia Hayhurst-Romano	
STREET ADDRESS	12651 S DIXIE HWY	2.3 STREET ADDRESS	2601 S. Bayshore Drive, Ste 250	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	D	3.1 TITLE	S	☒ Change ☐ Addition
NAME	DOBBIE, BETTY	3.2 NAME	Scott Brown	
STREET ADDRESS	1500 SAN REMO AVE, STE 220	3.3 STREET ADDRESS	312 Minorca Avenue	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	4.1 TITLE	T	☒ Change ☐ Addition
NAME	KLEINMAN, DENNIS H.	4.2 NAME	E. Brooks Kurtz	
STREET ADDRESS	7205 NW 19TH ST	4.3 STREET ADDRESS	2601 S. Bayshore Drive, Ste 250	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	DV	5.1 TITLE	D	☒ Change ☐ Addition
NAME	NEITZEL, SCOTT	5.2 NAME	Alan Koch	
STREET ADDRESS	707 MALAGA AVE	5.3 STREET ADDRESS	1451 West Cypress Creek Road, Ste. 300	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	DT	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ROGERS, E CHARLES	6.2 NAME	Robert Bonnet	
STREET ADDRESS	3401 NW 82 AVE, STE B200	6.3 STREET ADDRESS	12651 South Dixie Highway	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL 33156	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Brooks Kurtz 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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