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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

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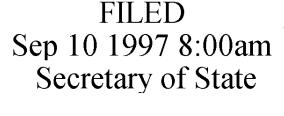
MORTGAGE BANKERS ASSOCIATION OF GREATER MIAMI, I NC.

Principal Place of Business

Mailing Address

ODED CODAL WAY

2050 CORAL WAY





2ND FLOOR 2ND FLOOR		·
MIAMI FL 33145 MIAMI FL 33145-2658 US US		3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address	A	4. FEI Number Applied For
21 2601 S. Bayshore Drive 26 2601 S.	<u>Bayshore</u> Drive	4 2
Suite, Apt. #, etc. Suite, Apt. #, etc. 25 0 27 25 0		Certificate of Status Desired
City & State Coconut Grove, FL City & State Coconut Coconut	Grove	6. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip Country Zip 33133 25 USA 29 33133	Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
1 Name Ileana Espinasa		
KURTZ, BROOKS E	Address (P.O. Box Number is Not Acceptable)	
2601 \$ BAYSHORE DRIVE		2601 S. Bay shore Drive Suite 250
SUITE 250	83	1
COCONUT GROVE FL 33133	84 City	Coconut Grove FL 85 Zip Code 33133
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 familia purpose of changing its registered agent.		
SIGNATURE JUNA (Aburda Tleana Espinosa 5.15.97		
12. OFFICERS AND DIRECTORS	13.	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2
TITLE P DELETE	1 1 TITLE	Change Addition
NAME ROGERS, CHARLES E	1.2 NAME	Patricia I. Hayhurst 2601 S. Bayshore Drive Suite 250
STREET ADDRESS 2401 NW 82ND AVENUE, SUITE 200	1.3 STREET ADDRESS	2601 S. Bayshore Drive Suite 250
CITY-ST-ZIP MIAMI FL	1.4 CITY-ST-ZIP	Coconut Grove, FL 33:33
TITLE V DELETE	2.1 TITLE	V Change Addition
NAME HAYHURST-ROMANO, PATRICIA		Scott Brown
STREET ADDRESS 2601 S BAYSHORE DRIVE SUITE 250	2.3 STREET ADDRESS	312 Minorca Avenue
CITY-ST-ZIP COCONUT GROVE FL		Coral Gables, FL 93134
TIPLE S DELETE	3.1 TITLE	Change Addition
NAME BROWN, SCOTT		tan Freiwald
STREET ADDRESS 312 MINORCA AVENUE		1500 San Remo Sulte 230
CITY-ST-ZIP CORAL GABLES FL	3.4. CITY - ST - ZIP	Coral Gables, Fl 33146
	4.1 TITLE	Dennis H. Kleinman.
NAME KLEINMAN, DENNIS H. STREET ADDRESS 7205 NW 19TH ST	4. 2 NAME	2601 S. Bay shore Dryo Sude 250
4 91 4 4 91 91		Coconut Grove, PL 33133
CITY-ST-ZIP MIAMI FL TITLE DELETE		Change Waddition
NAME KOCH, ALAN		
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 300	5.3 STREET ADDRESS	Man Roch 1451 West Cypress Creek Road Suite 300
CITY-ST-ZIP FT. LAUDERDALE FL		F1-Lauderdale, FL
TITLE D DELETE	6.1 TITLE	Change Aildition
NAME BONNET, ROBERT		Robert Bonnet
STREET ADDRESS 12851 SOUTH DIXIE HIGHWAY	6.3 STREET ADDRESS	12651 5. Dixie Highway
CRY-ST-ZIP MIAMI FL		Miami, FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of the address.