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May 02 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 # P93000042482 (8)
 1. Corporation Name
LENDERS PROTECTION ASSURANCE CORPORATION



Principal Place of Business 2500 N.W. 79TH AVE. MIAMI FL 33122	Mailing Address 2500 N.W. 79TH AVE. MIAMI FL 33122-1071
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3. Date Incorporated or Qualified 06/10/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 65-0556654	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LOPEZ, JORGE A
2500 N.W. 79TH AVE.
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature typed or printed below of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME ALVAREZ, JOSE M	
STREET ADDRESS 2500 N.W. 79TH AVE.	
CITY - ST - ZIP MIAMI FL	
TITLE DT	<input type="checkbox"/> DELETE
NAME TORGAS, ED S	
STREET ADDRESS 2500 N.W. 79TH AVE.	
CITY - ST - ZIP MIAMI FL	
TITLE DV	<input type="checkbox"/> DELETE
NAME FERNANDEZ, SERGIO	
STREET ADDRESS 2500 N.W. 79TH AVE.	
CITY - ST - ZIP MIAMI FL	
TITLE DV	<input type="checkbox"/> DELETE
NAME SOTO, JOHN M	
STREET ADDRESS 2500 N.W. 79TH AVE.	
CITY - ST - ZIP MIAMI FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME VALDES-FAULI, JUAN P	
STREET ADDRESS 2500 N.W. 79TH AVE.	
CITY - ST - ZIP MIAMI FL 33122	
TITLE S	<input type="checkbox"/> DELETE
NAME LOPEZ, JORGE A.	
STREET ADDRESS 2500 NW 79 AVE	
CITY - ST - ZIP MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/V RAIMUNDO J. CASTELLANOS
5.3 STREET ADDRESS	2500 N.W. 79th Avenue
5.4 CITY - ST - ZIP	Miami, FL 33122
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jorge A. Lopez* **JORGE A. LOPEZ** 4/24/97 (305) 715-0000 X3379
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)