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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State

(2)

DIVISION OF CORPORATIONS

DOCUMENT #P93000058230

EMBASSY TITLE CORPORATION

**FILED** May 19 1998 8:00am Secretary of State

2. D. D. D. T. T. D. COM GRATION			
Suite #500 Suite #50	ce de Leon Bly 00 bles, Fl 33134	DO NOT WRITE IN THIS	SPACE
2. Principal Piace of Business 2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21 26		65-0431705	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		_	\$8.75 Additional
22 27		5. Certificate of Status Desired	Fee Required
City & State         City & State           23         28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip	Country	8. This corporation owes or has paid the cur	
24 25 29	30	_	☐ Yes ☐ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
DAUTE MIDMUS W	81 Name		
CODAL CARLING DE DEUN BEVE		ss (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
		(12.20.10.10.10.10.10.10.10.10.10.10.10.10.10	
CORAL GABLES, FL 33134	83		
	84 City		85 Zip Code
		<u> </u>	.
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 Danda. 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.			
· · · · · · · · · · · · · · · · · · ·	, Florida Otaldes.		
SIGNATURE Symbol of professioners are used date of a control according to	(NOTE Registered Agent signature required	d when reinstating) DATE.	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE P DELETE	1.1 TILE		Change
NAME , DAVIS, MIRTHA M.	1,2 NAME		1
STREET ADDRESS 2222 Ponce de Leon Blvd #50			] [
City-Si-ZiP Coral Gables, F1 33134	1.4 C/TY+ ST+2IP		☐ Change ☐ Addition
	2 1 TiTLE 2 2 NAME		☐ Change ☐ Addition ☐
MEDINA, DOLLI D			
	2 4 CITY - ST - 71P		
Coral Gables, F1 33134 DELETE	317/11		Change Addition
NAME	3 2 NAM[		
STREET ADDRESS	3.3 STREET ADDRESS		Ì
CITY-ST-ZIP	3 4. CITY ST-ZIP		
TITLE DILETE	4 T 111LE		Change Addition
NAME	4 2 NAVL	7000025292	77
STREET ADDING.S	4.3 STREET ADDRESS	-05/19/98010610	
CHY-ST-7IP	4 4 CITY - ST - ZIP	<u>***150_00</u>	
TITLE DILLETE	5 1 TITLE		☐ Change ☐ Addition
NAME "	5 2 NAME		, ( )
STREET ADDRESS	5.3 STREET ADDRESS		321N
CITY-ST-ZIP  TITLE  DI LETE	5.4 CHY- \$1-7IP		D Chance D Addition
TITLE L.J DI LETE	611111(		Change  Addition
	6 2 NAME		
STREET ADDRESS	6 3 STREET ADDRESS		
CITY-ST-ZIP	6.4 C/TY: \$1-7IP	440 07/01(2) Florid O	

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informative poor the true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an usfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplicing that a officer or director of the corporation or the receive Block 12 or Block 13 if changed, or on an atlact process.

SIGNATURE: 1