



FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # P93000072792 (3)

1. Corporation Name

FIRST AMERICAN LENDERS GROUP, INC.

Principal Place of Business

Mailing Address

2604 Desoto Blvd
CORAL GABLES, FLA
33134

2604 Desoto Blvd
CORAL GABLES, FLA 33134

3. Date incorporated or Qualified
10/20/1993

3a. Date of Last Report
4/20/96

2. Principal Place of Business

2a. Mailing Address

21. 2604 Desoto Blvd

26 ← Same

4. FFI Number

65-0487164

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. Coral Gables FL

27. Same

5. Certificate of Status Desired

88.75 Additional Fee Required

City & State

City & State

23. Same

6. Election Campaign Financing Trust Fund Contribution

88.00 May Be Added to Fees

24. 33134

25. USA

29. Same

30. Same

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABBASSI, GHOLAM R
1901 BRICKELL AVE
#B701
MIAMI FL 33129

81. Name ABBASSI GHOLAM R
82. Street Address (P.O. Box Number is Not Acceptable) 2604 Desoto Blvd
83. Coral Gables
84. City
85. FL
86. 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] Date 4/25/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABBASSI, GHOLAM R	
STREET ADDRESS	1901 BRICKELL AVE #B701	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ABBASSI, HAMID R	
STREET ADDRESS	1901 BRICKELL AVE #B701	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ABBASSE HAMID R	
1.3 STREET ADDRESS	2604 Desoto Blvd	
1.4 CITY-ST-ZIP	C. Gables FLA. 33134	Pres
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ABBASSE GHOLAM R	
2.3 STREET ADDRESS	2604 Desoto Blvd	
2.4 CITY-ST-ZIP	C. Gables FLA 33134	Pres
3.1 TITLE	SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ABBASSE MOHAMMAD	
3.3 STREET ADDRESS	2604 Desoto Blvd	
3.4 CITY-ST-ZIP	C. Gables FLA - 33134	Sec.
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	200002190502 CS	
6.4 CITY-ST-ZIP	-05/27/97--01001--025 5/14/97	

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)(d), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Date 4/25/97