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

Mailing Address 7950 W FLAGLER ST

MIAMI FL 33144-2200

2a. Mailing Address

changed, or on an attachment with an address.

Suite, Apt. #, etc.

SUITE 104

26

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300083265 (7)

TITLE PLUS COMPANY

Principal Place of Business

2. Principal Place of Business

appears in Block 12 or Block 13 if

SIGNATURE:

Suite, Apt. #, etc.

7950 W FLAGLER ST

SUITE 104

MIAMI FL 33144

22				27						5. Certificate of Statu	us Desired	₩.	90.73 Fee Fi	Addition bequired	
City & State				City & State						6. Election Campaig Trust Fund Contrib	_	П) May B	
Zip	Zip Country						Country			This corporation h					
24	25 29 30					30				Florida Statutes Yes 2 No					
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Age							
NAV	ARRO, JOSE A						81	Name							
7950 W FLAGLER ST SUITE 104							82	Street	Addres	ss (P.O. Box Number is	Not Accept	eble)			
								0,1001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o (1 ,O: LON Mambor la					
MIAI	MI FL 33144						83								
							84	City					85 Zip	Code	
					_							FL			
11. Pursuant	to the provisions of	of Sections 607 050	2 and 6	607.1508,	Florida Statute	es, the a	bove	-named	d corpoi	ration submits this state n's board of directors.	ement for the	purpose of	changing	its regis	tered
agent la	im familiar with, an	d accept the obliga	ations c	of Section	607.0505, Flo	rida Sta	tutes		μοιαιιο	irs poard or directors.	I Heleby acc	cht tue app	OF ILLITION &	s rogiste	ii o u
SIGNATURE					_										
	Signature, typed or penti	ec came of regestered ago			(NO1E		d Ager	nt signature	e required	when reinstating)		DATE			
12.	D	OFFICERS ANI) DIRE		Drutte		13.		1	ADDITIONS/CHAN	GES TO OFF	ICERS AND			
TITLE	-	CE A		ι	DELETE	1.1 10			İ				☐ Change	L A	ddition
NAME	TOPO W FLACUED OF CUITE 404						1.2 NAME								ĺ
STREET ADDRESS	SHARR FL 00444						1.3 STREET ADDRESS 1.4 City-St-7ip								
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THLE					Deterit								Change	L.J ^	dultidii
NAME						2.2 N		********							
STREET ADDRESS						1		ADDRESS							
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NAME				•		3.2 N			1				***************************************		
STREET ADDRESS								ADDRESS							
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STREET ADDRESS						53S	TREET	ADDRESS	1						
CITY+ST+ZIP						540	ITY-S	T-ZIP							
TITLE					DELETE	61T	ITLE						Change	A	ddition
NAME						62 N	AME								
STREET ADDRESS						635	TREET	ADDRESS							
CITY - ST - ZIP	<u> </u>						1[Y-S		<u> </u>						
14. I do here	by certify that the i	information supplie	d with t	this filing o	does not qualif	y for the	exe	mption :	stated i	n Section 119.07(3)(i),	Florida Statu	ites. I further	certify that	it the	th: that
Lam an c	officer or director o	I the corporation or	the rea	ceive or t	rustee empow	ered to	exec	ute this	report	ny signature shall have as required by Chapter	607. Florida	Statutes, a	nd that my	name	, 5101

FILED
Jan 14 1997 8:00am
Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

0201575

Not Applicable

01/23/1996

3. Date Incorporated or Qualified

12/07/1993

65-0456303

4. FEI Number