

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000002384 (3)**

1. Corporation Name  
**GALLOWAY MORTGAGE CORPORATION**



Principal Place of Business: **2716 S.W. 137TH AVE. MIAMI FL**  
Mailing Address: **2716 S.W. 137TH AVE. MIAMI FL**

2. Principal Place of Business: **21 5600 S.W. 135 AVE.**  
Suite, Apt. #, etc.: **22 211**  
City & State: **23 MIAMI, FL**  
Zip: **24 33183** Country: **25 USA**  
2a. Mailing Address: **26 5600 S.W. 135 AVE.**  
Suite, Apt. #, etc.: **27 211**  
City & State: **28 MIAMI, FL**  
Zip: **29 33183** Country: **30 USA**

3. Date Incorporated or Qualified: **01/11/1994**  
3a. Date of Last Report: **09/18/1995**  
4. FEIN Number: **65-0460716** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**LANDRIAN, FRANCISCO**  
**2716 S.W. 137TH AVE.**  
**MIAMI FL 33175**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **5600 S.W. 135 AVE.**  
83 City: **SUITE 211**  
84 City: **MIAMI** FL 85 Zip Code: **33183**

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]* **FRANCISCO LANDRIAN** DATE: **1/23/96**

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="radio"/> <b>LANDRIAN, FRANCISCO</b> <input type="checkbox"/> DELETE
NAME	<b>LANDRIAN, FRANCISCO</b>
STREET ADDRESS	<b>2716 S.W. 137TH AVE.</b>
CITY - ST - ZIP	<b>MIAMI FL 33175</b>
TITLE	<input checked="" type="radio"/> <b>LANDRIAN, BARBARA</b> <input type="checkbox"/> DELETE
NAME	<b>LANDRIAN, BARBARA</b>
STREET ADDRESS	<b>2716 S.W. 137TH AVE.</b>
CITY - ST - ZIP	<b>MIAMI FL 33175</b>
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>LANDRIAN, FRANCISCO</b>
13 STREET ADDRESS	<b>5600 S.W. 135 AVE. SUITE 211</b>
14 CITY - ST - ZIP	<b>MIAMI, FL. 33183</b>
21 TITLE	<b>VICE - PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>LANDRIAN, BARBARA</b>
23 STREET ADDRESS	<b>5600 S.W. 135 AVE. SUITE 211</b>
24 CITY - ST - ZIP	<b>MIAMI, FL. 33183</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(k), 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]* **FRANCISCO LANDRIAN** DATE: **1/23/96** (305) 386-0052

CR2E034 (12/95)