

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

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Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000002384 (3)**

1. Corporation Name  
**GALLOWAY MORTGAGE CORPORATION**



Principal Place of Business <b>5600 SW 135 AVENUE</b> <b>SUITE 211</b> <b>MIAMI FL 33183</b> <b>US</b>	Mailing Address <b>5600 SW 135 AVENUE</b> <b>SUITE 211</b> <b>MIAMI FL 33183-5101</b> <b>US</b>
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3. Date Incorporated or Qualified <b>01/11/1994</b>	3a. Date of Last Report <b>04/01/1996</b>
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2. Principal Place of Business 21 <b>12460 TAMiami TRAIL</b> Suite, Apt. #, etc. 22 <b>102</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33184</b> Country 25	2a. Mailing Address 26 <b>12460 TAMiami TRAIL</b> Suite, Apt. #, etc. 27 <b>102</b> City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33184</b> Country 30 <b>US</b>
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4. FEI Number <b>65-0460716</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LANDRIAN, FRANCISCO</b> <b>5600 SW 135 AVENUE</b> <b>SUITE 211</b> <b>MIAMI FL 33183</b>	
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10. Name and Address of New Registered Agent 81 Name <b>LANDRIAN, FRANCISCO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>12460 TAMiami TRAIL</b> 83 <b>SUITE 102</b> 84 City <b>MIAMI</b> FL 85 Zip Code <b>33184</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0506, Florida Statutes.

SIGNATURE *Francisco Landrian* DATE **4/16/97**  
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	<b>LANDRIAN, FRANCISCO</b>
STREET ADDRESS	<b>5600 SW 135 AVENUE STE 211</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	<b>MANDRIAN, BARBARA</b>
STREET ADDRESS	<b>5600 SW 135 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</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	
1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RAMON BECERRA</b>
1.3 STREET ADDRESS	<b>12460 TAMiami TRAIL # 102</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL, 33184</b>
2.1 TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TERESA BECERRA</b>
2.3 STREET ADDRESS	<b>12460 TAMiami TRAIL # 102</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL, 33184</b>
3.1 TITLE	<b>MANAGING (M)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BARBARA LANDRIAN BECERRA</b>
3.3 STREET ADDRESS	<b>12460 TAMiami TRAIL # 102</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FL, 33184</b>
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	
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: *Ramon Becerra* DATE **4/16/97** (303) 221-4901

CR2E034 (9/96)