


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

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**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000002384 (3)
1. Corporation Name
GALLOWAY MORTGAGE CORPORATION



Principal Place of Business: 5600 SW 135 AVENUE SUITE 211 MIAMI FL 33183 US
Mailing Address: 5600 SW 135 AVENUE SUITE 211 MIAMI FL 33183-5101 US

3. Date Incorporated or Qualified: 01/11/1994
3a. Date of Last Report: 04/01/1996

2. Principal Place of Business: 21 12460 TAMAMI TRAIL SUITE, Apt. #, etc. 102 MIAMI, FL 33184
2a. Mailing Address: 26 12460 TAMAMI TRAIL SUITE, Apt. #, etc. 102 MIAMI, FL 33184

4. FEI Number: 65-0460716
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

9. Name and Address of Current Registered Agent: LANDRIAN, FRANCISCO 5600 SW 135 AVENUE SUITE 211 MIAMI FL 33183

10. Name and Address of New Registered Agent: 81 Name: LANDRIAN, FRANCISCO 82 Street Address (P.O. Box Number is Not Acceptable): 12460 TAMAMI TRAIL SUITE 102 84 City: MIAMI FL 85 Zip Code: 33184

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LANDRIAN, FRANCISCO	
STREET ADDRESS	5600 SW 135 AVENUE STE 211	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MANDRIAN, BARBARA	
STREET ADDRESS	5600 SW 135 AVENUE	
CITY-ST-ZIP	MIAMI FL	
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAMON BELCERRA	
1.3 STREET ADDRESS	12460 TAMAMI TRAIL # 102	
1.4 CITY-ST-ZIP	MIAMI, FL, 33184	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TERESA BELCERRA	
2.3 STREET ADDRESS	12460 TAMAMI TRAIL # 102	
2.4 CITY-ST-ZIP	MIAMI, FL, 33184	
3.1 TITLE	MANAGING (M)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BARBARA LANDRIAN BELCERRA	
3.3 STREET ADDRESS	12460 TAMAMI TRAIL # 102	
3.4 CITY-ST-ZIP	MIAMI, FL, 33184	
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 Belcerra DATE: 4/16/97 (309) 221-4901

CR2E034 (9/96)