

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000003993 (0)
1. Corporation Name
CANAL MORTGAGE BROKERS, INC.

FILED

97 JUL 31 AM 7:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

5600 SW 135 AVE
SUITE 102-A
MIAMI FL 33183
US

Mailing Address

5600 SW 135 AVE
SUITE 102-A
MIAMI FL 33183-5182
US

2. Principal Place of Business

21 6931 SW 155 Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 6931 SW 155 Ave
Suite, Apt. #, etc.

22 City & State

23 Miami, FL

27 City & State

28 Miami, FL

24 Zip

33193

25 Country

DADE

29 Zip

33193

30 Country

DADE

9. Name and Address of Current Registered Agent

MONTESINO, CANDIDO R
6931 SW 155TH AVE
MIAMI FL 33193

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

08/01/1996

4. FEI Number

65-0463074

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MONTESINO, CANDIDO R
STREET ADDRESS 6931 SW 155TH AVE
CITY-ST-ZIP MIAMI FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

CR2E034 (9/96)