

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P94000008973 (7)**  
 1. Corporation Name:  
**NATIONAL MORTGAGE INVESTORS OF CORAL GABLES, INC**



|  |   |
|--|---|
| Principal Place of Business<br><b>333 ALMERIA AVENUE<br/>CORAL GABLES FL 33134</b> | Mailing Address<br><b>333 ALMERIA AVENUE<br/>CORAL GABLES FL 33134-5811</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/24/1994</b>   | 3a. Date of Last Report<br><b>08/20/1996</b>           |
| 4. FEI Number<br><b>65-0484802</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |                           |                           |
|---|--|---------------------------|---------------------------|
| 2. Principal Place of Business<br>21. <b>299 ALHAMBRA CIRCLE</b><br>Suite, Apt. #, etc.<br>22. <b>SUITE # 317</b><br>City & State<br>23. <b>CORAL GABLES, FLA.</b><br>Zip<br>24. <b>33134</b> | 2a. Mailing Address<br>25. <b>299 ALHAMBRA CIRCLE</b><br>Suite, Apt. #, etc.<br>27. <b>SUITE # 317</b><br>City & State<br>28. <b>CORAL GABLES, FLA.</b><br>Zip<br>29. <b>33134</b> | Country<br>25. <b>USA</b> | Country<br>30. <b>USA</b> |
|---|--|---------------------------|---------------------------|

9. Name and Address of Current Registered Agent  
**FAZE, ARNOLD JR**  
**333 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
 81 Name **ARNOLD FAZE, JR.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**299 ALHAMBRA CIRCLE**  
 83 **SUITE # 317**  
 84 City **CORAL GABLES** **FL** 85 Zip Code **33134**

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: *Arnold Faze, Jr.* **ARNOLD FAZE, JR.** DATE: **4/20/97**

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>CEOP</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>FAZE, ARNOLD J JR.</b>    |                                 |
| STREET ADDRESS | <b>1002 LISBON STREET</b>    |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33134</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    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 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: *Arnold Faze, Jr.* **ARNOLD FAZE, JR.** DATE: **4/20/97** (305) 446-9440

CP2E034 (9/96)