

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1082

0096889

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 SEP - 1 PM 12:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000016548 (7)

1. Corporation Name
 GROUP MORTGAGE, INC.



Principal Place of Business
 13214 SW 8 ST.
 MIAMI FL 33184

Mailing Address
 13214 SW 8 ST.
 MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/02/1994	
22. Suite, Apt. #, etc		27. Suite, Apt. #, etc.		4. FEI Number	
23. City & State		28. City & State		65-0470068	
24. Zip		29. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TALAVERA, ELIZABETH 12515 SW 9 TERRACE MIAMI FL 33184				B1 Name TALAVERA, ELIZABETH			
				B2 Street Address (P.O. Box Number is Not Acceptable) 1700 SW 104 AVENUE			
				B3			
				B4 City MIAMI FL 85 Zip Code 33165			

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 *E. Talavera* ELIZABETH TALAVERA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALAVERA, ELIZABETH	1.2 NAME	
STREET ADDRESS	1700 SW 104TH AVE	1.3 STREET ADDRESS	600002635606--7
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	-09/09/98--01067--004
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

E. Talavera

(305)220-0502

CR2E034 (5/98)



Group Mortgage, Inc.
Licensed Mortgage Brokers

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August 17, 1998

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs:

Enclosed please find our annual report, along with our check.

Unfortunately, due to an unforeseen illness during the first half of this year I fell behind on all my paperwork and was unable to meet many deadlines required. I ask that you please waive the penalty being charged for filing late. I have never before been late with any paperwork due you in the past.

Thanking you in advance for your assistance in this matter.

Sincerely,

Elizabeth Talavera
Group Mortgage, Inc.

ET/jr
enc.