FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000022371 (6)**

1. Corporation Name

TRANSWORLD TITLE COMPANY

Principal Place of Business	Mailing Address
~~10800 BISCAYNE BLVD.~~ ~~SUITE 660~~ MIAMI FL 33131	~~10800 BISCAYNE BLVD.~~ ~~SUITE 660~~ MIAMI FL 33131

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report: 07/14/1995

2. Principal Place of Business
21: 1175 NE 125 Street
22 Suite, Apt. #, etc.: Suite 217
23 City & State: North Miami, FL
24 Zip: 33161 25 Country: DADE

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 65-0476730 ☐ 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

9. Name and Address of Current Registered Agent

PIERRE, WILFRID
24 N.W. 109TH ST.
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name: NANCY Monchery
82 Street Address (P.O. Box Number is Not Acceptable): 672 NE 130 STREET
83
84 City: NORTH Miami FL 85 Zip Code: 33161

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] 04/29/96
Signature of an officer or director of the corporation if applicable — Registered Agent signature required when changing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MONCHERY, COTTY		1.2 NAME	COTTY MONCHERY	
STREET ADDRESS	10800 BISCAYNE BLVD., STE. 660		1.3 STREET ADDRESS	1175 NE 125 STREET, STE 217	
CITY-ST-ZIP	MIAMI FL 33181		1.4 CITY-ST-ZIP	NORTH Miami, FL 33161	
TITLE		☐ DELETE	2.1 TITLE	M	☐ Change ☒ Addition
NAME			2.2 NAME	NANCY MONCHERY	
STREET ADDRESS			2.3 STREET ADDRESS	1175 NE 125 STREET, STE 217	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	NORTH Miami, FL 33161	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	000001852960	
STREET ADDRESS			6.3 STREET ADDRESS	-06/06/96--01017--013 5-1-96	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***200.00	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added on an attachment with an address.

SIGNATURE: [signature] 04-29-96 305-893-7858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #