

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 # P95000032447 (1)

1. Corporation Name

OPM TITLE CORP.

Principal Place of Business

**5600 S.W. 149 Avenue
Miami, Florida 33193**

Mailing Address

**5600 S.W. 149 Avenue
Miami, Florida 33193**

2. Principal Place of Business

2a. Mailing Address

21 **275 FONTAINEBLEAU**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **210**

27

City & State

City & State

23 **MIAMI, FLORIDA**

28

Zip

Country

Zip

Country

24 **33172**

25

DADE

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

4/21/1995

3a. Date of Last Report

4. FEI Number

65-0575219

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

**DELMONTE, FRANCISCO J
5600 S.W. 149 AVENUE
MIAMI, FLORIDA 33193**

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 of agent.

(NOTE: Registered Agent Signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD*** ☐ DELETE
NAME **DELMONTE, FRANCISCO J.**
STREET ADDRESS **5600 S.W. 149 AVENUE**
CITY-ST-ZIP **MIAMI, FLORIDA 33193**

TITLE **VD** ☒ DELETE
NAME **DEL PORTILLO, ARMANDO**
STREET ADDRESS **5600 S.W. 149 AVENUE**
CITY-ST-ZIP **MIAMI, FLORIDA 33193**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **JULIAN V. PINA**
2.3 STREET ADDRESS **1009 COLUMBUS BLVD.**
2.4 CITY-ST-ZIP **CORAL GABLES, FLORIDA 33134**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**9000001841375
-05/29/96--01019--001
***233.75**

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-96 (305) 228-8588

DATE

DATE

CR2E034 (12/95)