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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000077867 (6)**

1. Corporation Name

REALTY MORTGAGES AND IVNESTMENTS, INC.

Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DRIVE SUITE 1200 MIAMI FL 33133	2665 SOUTH BAYSHORE DRIVE SUITE 1200 MIAMI FL 33133

3. Date Incorporated or Qualified: 10/11/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2665 South Bayshore Drive	26 2665 South Bayshore Drive
Suite, Apt. #, etc. 22 PH-II A	Suite, Apt. #, etc. 27 PH-II A
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33133 Country 25 USA	Zip 29 33133 Country 30 USA

4. FEI Number: 65-0614525 — 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

STEINMAN, JAY A ESQ.
ROLLNICK ROSEN LINDEN STEINMAN & LEVY, P A
3500 INTERNAT. PLACE, 100 S.E. SECOND ST.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Steinman, Jay A. Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Rollnick Linden Steinman & Levy
83 133 Sevilla Ave.
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	President / Director [ ] DELETE
NAME	William Thomas Dunkan
STREET ADDRESS	2560 Tigertail Avenue, #1
CITY-ST-ZIP	Miami, FL 33133
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	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change [ ] Addition
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	[ ] Change [ ] Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	[ ] Change [ ] Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	[ ] Change [ ] Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	[ ] Change [ ] Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	[ ] Change [ ] Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

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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)(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: [signature] — Feb 23, 1996 — 305-854-5000 ext 212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William Thomas Duncan President