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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000088613 (1) *n/c 01/02/97*
1. Corporation Name
~~FIRST ATLANTIC TITLE AND ESCROW COMPANY~~
FIRST ELITE TITLE AND ESCROW COMPANY



Principal Place of Business: 8600 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI FL 33133
100 SE 2nd STREET, # 2230 MIAMI, FL 33131

Mailing Address: 2000 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI FL 33133-2475

3. Date Incorporated or Qualified: 11/20/1995
3a. Date of Last Report: 06/17/1996

4. FEI Number: 65-0624330
Applied For: Not Applicable

6. 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

2. Principal Place of Business: 21 100 S.E. 2nd STREET, Suite, Apt. #, etc. # 2230, City & State: MIAMI, FL, Zip: 33131, Country: DADE

2a. Mailing Address: 26 Same, Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent: ARVESU, MANUEL M, 2000 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI FL 33133

10. Name and Address of New Registered Agent: 81 Name: GEORGE BELELER, ESQ., 82 Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd STREET, # 37th floor, 83, 84 City: MIAMI, FL, 85 Zip Code: 33131

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]* DATE: 4-1-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	NAME: ROGARINSKY, SAMUEL	1.1 TITLE: President/Secretary/Direct	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 3111 STIRLING RD. SUITE 133	CITY-ST-ZIP: FT. LAUDERDALE FL 33312	1.2 NAME: Beleler, George	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS: 100 SE 2nd street, # 37th floor	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP: MIAMI, FL 33131	
	<input type="checkbox"/> DELETE	2.1 TITLE: Vice President/Director	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
	<input type="checkbox"/> DELETE	2.2 NAME: DELGADO, Luis	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS: 100 S.E. 2nd STREET, # 37 floor	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP: MIAMI, FL 33131	
	<input type="checkbox"/> DELETE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<input type="checkbox"/> DELETE	6.2 NAME	600002136456
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	-04/08/97--01033--049
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	***165.00

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: *[Signature]* DATE: 4-1-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GEORGE BELELER, President
Display Phone #: (305) 374-8600

CR2E034 (9/96)