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Apr 15 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 # P95000094621 (6)

1. Corporation Name
SOUTHEAST TITLE SERVICES GROUP INC.



Principal Place of Business: 255 ALHAMBRA CIRCLE SUITE 610 CORAL GABLES FL 33134
Mailing Address: 255 ALHAMBRA CIRCLE SUITE 610 CORAL GABLES FL 33134-7404

3. Date Incorporated or Qualified: 12/13/1995
3a. Date of Last Report: 09/16/1996

2. Principal Place of Business: 21 Same, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country
2a. Mailing Address: 26 Same, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

4. FEI Number: 65-0626226
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

10. Name and Address of New Registered Agent

FERNANDEZ, MARIA R
255 ALHAMBRA CIRCLE
SUITE 610
CORAL GABLES FL 33134

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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]* MARIA R. FERNANDEZ GOMEZ 4/7/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-St-Zip, and a Delete checkbox. Entry 1: P FERNANDEZ-GOMEZ, MARIA R, 255 ALHAMBRA CIRCLE, STE 610, CORAL GABLES FL 33134.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for Title, Name, Street Address, City-St-Zip, and Change/Addition checkboxes.

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]* 4/7/97 448-4481
Date: 4/7/97 Daytime Phone: 448-4481

CR2E034 (9/96)