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Apr 29 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 # P96000032023 (9)

1. Corporation Name
TOMA TITLE GROUP, INC.



Principal Place of Business

1428 BRICKELL AVENUE
SIXTH FLOOR
MIAMI FL 33131

Mailing Address

1428 BRICKELL AVENUE
SIXTH FLOOR
MIAMI FL 33131-3411

3. Date Incorporated or Qualified
04/08/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 201 S. Biscayne Blvd.

2a. Mailing Address

26 P.O. Box 453254

4. FEI Number

65-0660516

Applied For

Not Applicable

Suite, Apt. #, etc.

22 3000

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33131

Country

25 U.S.A.

Zip

29 33245-3254

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PALMIERI, THOMAS J
1428 BRICKELL AVENUE
SIXTH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd.

83 Suite 3000

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PALMIERI, THOMAS J
STREET ADDRESS 1428 BRICKELL AVENUE, SIXTH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE D
NAME CARDONA, MABEL C
STREET ADDRESS 1428 BRICKELL AVENUE, SIXTH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P
1.2 NAME
1.3 STREET ADDRESS 201 S. Biscayne Blvd., Suite 3000
1.4 CITY-ST-ZIP MIAMI, FL. 33131

2.1 TITLE D/VP
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

305-313-9400

Date

Daytime Phone

CR2E034 (9/96)