


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000036899 (8)**

1. Corporation Name  
**QUICK MORTGAGE CORPORATION**



Principal Place of Business <b>P.O. BOX 140854 CORAL GABLES FL 33134</b>	Mailing Address <b>P.O. BOX 140854 CORAL GABLES FL 33114-0854</b>
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3. Date Incorporated or Qualified <b>04/29/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>3315 TOLEDO PLAZA.</b>	2a. Mailing Address <b>SAME AS ABOVE</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State <b>CORAL GABLES. FL.</b>	27. City & State
23. Zip <b>33134</b>	28. Country <b>USA</b>
24. Zip <b>33134</b>	25. Country <b>USA</b>
29. Zip <b>33134</b>	30. Country <b>USA</b>

4. FEI Number <b>15-017-2492</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>SANCHEZ, JOSE A 3315 TOLEDO PLAZA CORAL GABLES FL 33134</b>
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10. Name and Address of New Registered Agent 81. Name <b>MR. J. A. SANCHEZ</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>3315 TOLEDO PLAZA</b> 83. City <b>CORAL GABLES</b> 84. State <b>FL</b> 85. Zip Code <b>33134</b>
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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 of person or persons authorized to register agent and file, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	SANCHEZ, JOSE A
STREET ADDRESS	3315 TOLEDO PLAZA
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	DVS
NAME	SANCHEZ, LUIS F
STREET ADDRESS	3315 TOLEDO PLAZA
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	DT
NAME	SANCHEZ, NEUMA
STREET ADDRESS	3315 TOLEDO PLAZA
CITY-ST-ZIP	CORAL GABLES FL 33134
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	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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, 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

01-05-97

Date

Daytime Phone #

CR2E034 (9/96)