

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

FILED
May 16 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 # P96000043770 (2)
 1. Corporation Name
SELECT MORTGAGE GROUP INC.



Principal Place of Business
**3780 WEST 16TH AVE.
 SUITE 106
 HIALEAH FL 33012**

Mailing Address
**3780 WEST 16TH AVE.
 SUITE 106
 HIALEAH FL 33012-7058**

3. Date Incorporated or Qualified
05/22/1996

3a. Date of Last Report

4. FEI Number
65-0666655

Applied For
 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

2. Principal Place of Business

21 **3750 W 16 Ave**
 Suite, Apt. #, etc.

22 **106**
 City & State

23 **Hialeah**

24 **33012** 25 **FL** Country **USA**

26 **3750 W 16 Ave**
 Suite, Apt. #, etc.

27 **106**
 City & State

28 **Hialeah**

29 **33012** 30 **FL** Country **USA**

9. Name and Address of Current Registered Agent
**DELGADO, DINO R
 1380 N.E. 130TH ST.
 N MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D DELGADO, DINO R**

STREET ADDRESS **1380 N.E. 130TH ST.**

CITY-ST-ZIP **N MIAMI FL 33161**

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

1.1 TITLE Change Addition

1.2 NAME **P Delgado, Dino R**

1.3 STREET ADDRESS **1360 NE 130 ST**

1.4 CITY-ST-ZIP **N Miami, FL 33161**

2.1 TITLE Change Addition

2.2 NAME **V Obando, Delia L.**

2.3 STREET ADDRESS **1337 W 49 PL, # 416**

2.4 CITY-ST-ZIP **Hialeah, FL 33012**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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 on an attachment with an address.

SIGNATURE: _____ DATE: **4/7/97** (305) 221-8007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)