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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🖰

FILED

May 19 1997 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000046339 (3)

BANKUNITED MORTGAGE CORPORATION

Principal Piace of Business 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	Mailing Address 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	-7411	-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			05/24/1996	a. Date of Last Report
Principal Place of Business Section 21	2a. Mailing Address 26	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	4. FEI Number 65 - 0687315	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζφ 29]	Country 30	8. This corporation has liability for inter Florida Statutes	ngible tax under s. 199.032, es
	of Current Registered Agent	1301	10. Name and Address of New Regist	
ASHTON, NANCY		81 Name		
255 ALHAMBRA CIRCLE		82 Street Ac	idress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134		63	The second of the model of the second of the	
: :#		83		
•		84 City		FL 85 Zip Code
agent. I am tamiliar with, and accept SIGNATURE	the obligations of, Section 607.0505, Fli	authorized by the corpo orida Statutes. L Begistered Agent signature to	ration's board of directors. I hereby accept th quired when reinstating)	e appointment as registered
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
NAME Alfred Camne	DELETE	1.1 TITUF 1.2 NAME		Change Addition
STREET ADDRESS 255 Alkambra	Circle.	1.3 STREET AUDRESS		
CITY-ST-ZIP Caral Galoles	. FL 33134	1.4 City-St-7IP		
TITLE DIP	DETETE	2.1 TITLE		Change Addition
NAME Earline 9. For	rd only	2.2 NAME	•	,
STREET ADDRESS 255 Albam	bra Circle les PL 33134	2.3 STREET ADDRESS		
TITLE EXCLUSIVE TO THE TITLE	DELETE	2.4 CHY-ST ZIP 3.1 TITLE		Change Addition
	gherty	3.2 NAME		
STREET ADDRESS 25 Alhambo	à Circle	3.3 STREET ADDRESS		
CITY-SI-ZIP Coral caso	les, PL 33134	34. CHTY-ST-ZIP		
TITLE Senior V AS	DELETE	4.1 TITLE		Change Addition
NAME NAMEY ASTO	n Circle	4. 2 NAME		
STREET ADDRESS 255 Alhambi	100 3 3 1 5 U	4.3 STREET ADDRESS		
TITLE TO S	PC33184	4.4 CHY-ST-ZIP 5.1 HILE		Change Addition
NAME COME NINC	_	5.2 NAME		
STREET ADDRESS 2000 PAIN WAR	ccine	5.3 STREET ADDRESS		
CITY-ST-ZIP Coral gabk	es, I-L 33134	5.4 CITY-ST-ZIP		
TITLE SONDY V	DELETE	6.1 T/TLE		Change Addition
NAME Anne-Lehne	r Garcia ca Circle	6.2 NAME		

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 logal 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.