

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087321 (1)
 1. Corporation Name
FLORIDA TITLE & ESCROW COMPANY



Principal Place of Business 400 S.W. 2ND STREET SUITE 3700 MIAMI FL 33134	Mailing Address 400 S.W. 2ND STREET SUITE 3700 MIAMI FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2121 PONCE DE LEON BLVD		2a. Mailing Address 26 2121 PONCE DE LEON BLVD.		3. Date Incorporated or Qualified 10/22/1996	
22 Suite, Apt. #, etc. 920		27 Suite, Apt. #, etc. 920		4. FEI Number 65-0737813	
23 City & State CORAL GABLES, FL		28 City & State CORAL GABLES, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33134		29 Zip 33134		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ARVESU, MANUEL M ESQ. 400 SE 2ND STREET SUITE 3700 MIAMI FL 33134				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD., Ste. 920			
83				84 City CORAL GABLES			
				85 Zip Code FL 33134			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input type="checkbox"/> DELETE	1.1 TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARVESU, MANUEL M		1.2 NAME ARVESU, MANUEL M.	
STREET ADDRESS 400 S.W. 2ND ST., SUITE 3700		1.3 STREET ADDRESS 2121 PONCE DE LEON BLVD., Ste 920	
CITY-ST-ZIP MIAMI FL 33134		1.4 CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIGUEROA, MARIA E.		2.2 NAME FIGUEROA, MARIA E.	
STREET ADDRESS 400 SE 2ND STREET, SUITE 3700		2.3 STREET ADDRESS 2121 PONCE DE LEON BLVD., Ste. 920	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, trustee, or 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: *Manuel M. Arvesu* 11-16-98 (201) 442-7482

CR2E034 (10/97)