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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BANCOMORTGAGE, INC.

(Corporation Name)

(Document #)

000002459580--3

-03/17/98--01060--016

****122.50 ****122.50

2. _____

(Corporation Name)

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(Corporation Name)

(Document #)

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NEW FILINGS	
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<input type="checkbox"/>	NonProfit
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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
98 MAR 17 AM 11:59
DIVISION OF CORPORATION

W98-5946

K. Rolfe MAR 17 1998

CR2E031(9/92)

K. Rolfe MAR 31 1998

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 17, 1998

LAZARUS

MIAMI, FL

SUBJECT: BANCOMORTGAGE, INC.
Ref. Number: W98000005946

We have received your document for BANCOMORTGAGE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking
Director's Office
101 E. Gaines St.
Fletcher Bldg., 6th Floor.
Tallahassee, FL 32399-0350
(850) 488-1111.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 598A00014402

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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
UNILOAN, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is UNILOAN, INC.

ARTICLE II - DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III - ADDRESS

The mailing address of the corporation is 7230 S.W. 4 Street, Miami, FL 33144.

ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue ONE HUNDRED (100) shares of NO par value common stock, which shall be designated "Common Stock".

ARTICLE VI- PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VII - INITIAL REGISTERED OFFICE AND AGENT

The street address of the principal office of this corporation is 7230 S.W. 4 Street, Miami, FL 33144, and the name of the initial registered agent of this corporation is **RODOLFO A. GARMENDIA**.

ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have **Three (3)** directors initially. The number of directors may be either increased or diminished from time to time as provided in the bylaws but shall never be less than ONE.

The names and addresses of the initial directors of this corporation are:

RODOLFO A. GARMENDIA	7230 S.W. 4 Street Miami, FL 33144
JOSE M. GARMENDIA	7230 S.W. 4 Street Miami, FL 33144
IRIS DURAN	7230 S.W. 4 Street Miami, FL 33144

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer of director, to the full extent permitted by law.

ARTICLE X - INCORPORATOR

The name and address of the person signing these articles is:

RODOLFO A. GARMENDIA 7230 S.W. 4 Street
Miami, FL 33144

IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of incorporation this 16th day of MARCH, 1998.



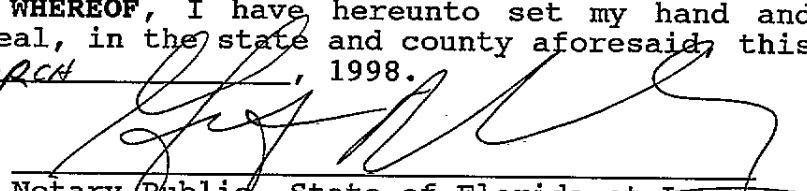
RODOLFO A. GARMENDIA

STATE OF FLORIDA)

COUNTY OF DADE)

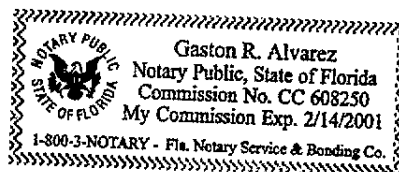
Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared **RODOLFO A. GARMENDIA**, known to me and known by me to be the person who executed the foregoing articles of incorporation, and he acknowledged before me that he executed those articles of incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 16th day of MARCH, 1998.



Notary Public, State of Florida at Large
GASTON R. ALVAREZ
Printed Notary Signature

My commission expires



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN
THE STATE OF FLORIDA, NAMING AGENT UPON WHOM
SERVICE OF PROCESS MAY BE EFFECTIVE

In compliance with Section 607.0501 of the Florida
Statutes, the following is submitted:

UNILOAN, INC.

desiring to organize or qualify under the laws of the State of
Florida, with its principal place of business in the City of Miami,
County of Dade, State of Florida, has named **RODOLFO A. GARMENDIA**,
located at **7230 S.W. 4 Street, Miami, County of Miami Dade, State
Florida 33144**, as its agent to accept service of process within the
State of Florida.

ACKNOWLEDGMENT

Having been named to accept service of process for the
above stated corporation, at the place designated in this
Certificate, I hereby agree accept the appointment as Registered
Agent and agree to act in this capacity. I further agree to comply
with the provisions of all statutes relating to the proper and
complete performance of my duties, and I am familiar with and
accept the obligations of my position as Registered Agent.

Dated this 16th day of MARCH, 1998.


Resident and Registered Agent

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