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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000035599 1. Corporation Name A AMBASSADOR MORTGAGE, INC.			
Principal Place of Business 17690 S. DIXIE HIGHWAY STE. A MIAMI FL 33157		Mailing Address 17690 S. DIXIE HIGHWAY STE. A MIAMI FL 33157	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent ANDERSON, VERBERT A 14040 MONROE ST. MIAMI FL 33176		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <u>Verbert A. Anderson</u> President Verbert A. Anderson 02/25/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE S NAME ANDERSON, SAMANTHA W STREET ADDRESS 14040 MONROE STREET CITY-ST-ZIP MIAMI FL 33167 TITLE P NAME ANDERSON, VERBERT A STREET ADDRESS 14040 MONROE STREET CITY-ST-ZIP MIAMI FL 33167 TITLE V NAME WORTHY, ORIANNA J STREET ADDRESS 11220 S.W. 179TH STREET CITY-ST-ZIP MIAMI FL 33157 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 1.1 TITLE V/S /T 1.2 NAME Anderson, Samantha 1.3 STREET ADDRESS 14040 Monroe Street 1.4 CITY-ST-ZIP Miami FL 33176 2.1 TITLE P 2.2 NAME Anderson, Verbert A 2.3 STREET ADDRESS 14040 Monroe Street 2.4 CITY-ST-ZIP Miami, FL 33176 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE: Samantha Anderson V.P. 02/25/99 (305) 235-9028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)