


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 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 # S44061 (7) 1. Corporation Name "WILCOT" MORTGAGE COMPANY, INC.					
Principal Place of Business 780 N.W. 42 AVE. SUITE 418 MIAMI FL 33126			Mailing Address 780 N.W. 42 AVE. SUITE 418 MIAMI FL 33126		
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		3. Date Incorporated or Qualified 04/09/1991 3a. Date of Last Report 11/15/1996 4. FEI Number 65-0259833 5. Certificate of Status Desired X 6. Election Campaign Financing Trust Fund Contribution 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent LEBOWITZ, WALTER B 12555 BISCAYNE BLVD. #924 MIAMI FL 33181				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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	DELETE	1.1 TITLE	Change Addition	
NAME	VILCA, ALBERTA		1.2 NAME		
STREET ADDRESS	780 NW 42 AVE., STE.418		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33726		1.4 CITY-ST-ZIP		
TITLE	VP	DELETE	2.1 TITLE	Change Addition	
NAME	ROMERO, ANDRES		2.2 NAME		
STREET ADDRESS	780 NW 42 AVE.,STE. 418		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33726		2.4 CITY-ST-ZIP		
TITLE	T	DELETE	3.1 TITLE	Change Addition	
NAME	QUESADA, MARIA ELENA		3.2 NAME		
STREET ADDRESS	780 NW 42 AVE.,STE. 418		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33726		3.4 CITY-ST-ZIP		
TITLE	S	DELETE	4.1 TITLE	Change Addition	
NAME	ROMERO, MARK		4.2 NAME		
STREET ADDRESS	780 NW 42 AVE.,STE. 418		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33726		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE OF REGISTERED AGENT 9/1/97 (305) 443-8000

CR2E034 (4/97)