

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthant  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S47519** (1)

1. Corporation Name

**UNITOWER MORTGAGE CORPORATION**



Principal Place of Business

Mailing Address

8701 SW 137TH AVENUE  
SUITE 200  
MIAMI FL 33183

8701 SW 137TH AVENUE  
SUITE 200  
MIAMI FL 33183

3. Date Incorporated or Qualified **04/23/1991** 3a. Date of Last Report **07/10/1995**

21. Principal Place of Business  
**8701 S.W. 137th Ave.**

26. Mailing Address  
**8701 S.W. 137th Ave.**

4. FEI Number **65-0257924** Applied For Not Applicable

22. Suite, Apt. #, etc.  
**Suite #300**

27. Suite, Apt. #, etc.  
**Suite #300**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State  
**Miami, FL 33183**

28. City & State  
**Miami, FL 33183**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip Country

29. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
1600 MIAMI CENTER  
201 S BISCAYNE BLVD.  
MIAMI FL 33131**

81 Name **John Mudd**  
82 Street Address (P.O. Box Number is Not Acceptable) **8701 S.W. 137th Ave.**  
83 **Suite #300**  
84 City **Miami** FL 85 Zip Code **33183**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of signing officer or director

Title typed or printed name of signing officer or director

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	BIVINS, MARC H	
STREET ADDRESS	8701 SW 137TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AGUILAR, RAFAEL J.	
STREET ADDRESS	8701 SW 137TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FARRAR, MARK T.	
STREET ADDRESS	8701 SW 137TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, ERNESTINE	
STREET ADDRESS	8701 SW 137TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUDD, JOHN	
STREET ADDRESS	8701 SW 137TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VALLE, JOSE	
STREET ADDRESS	8701 SW 137TH AVE.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Mayra Diaz	
33 STREET ADDRESS	8701 S.W. 137th Ave., #300	
34 CITY-ST-ZIP	Miami, FL 33183	
41 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	A. B. Wiener	
43 STREET ADDRESS	8701 S.W. 137th Ave., #300	
44 CITY-ST-ZIP	Miami, FL 33183	
51 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	John Mudd	
53 STREET ADDRESS	8701 S.W. 137th Ave., #300	
54 CITY-ST-ZIP	Miami, FL 33183	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information furnished in this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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, officer, partner, trustee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of change statement with an address.

SIGNATURE: John Mudd 4/17/96 (305) 383-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Prefix

CR2E034 (12/95)