

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

FILED  
May 06 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 # **S53134** (0)  
1. Corporation Name  
**MORTGAGE AND REALTY INVESTMENT CORPORATION OF THE SOUTHEAST**



Principal Place of Business: 1221 BRICKELL AVENUE SUITE 2000 MIAMI FL 33131  
Mailing Address: 1221 BRICKELL AVENUE SUITE 2000 MIAMI FL 33131

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	550 Biltmore Way	26	550 Biltmore Way	05/15/1991	05/01/1996
22. Suite 700		27. Suite 700		4. FEI Number	Applied For
23. Coral Gables, Florida		28. Coral Gables, Florida		65-0263896	Not Applicable
24	33134	25	Dade	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29	33134	30	Dade	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FORD, EARLINE G. 1221 BRICKELL AVENUE SUITE 2000 MIAMI FL 33131				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				550 Biltmore Way	
				83. Suite 700	
				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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CAMNER, ALFRED R.	1.2 NAME	D,P
STREET ADDRESS	1221 BRICKELL AVENUE SUITE 2000 MIAMI FL	1.3 STREET ADDRESS	550 Biltmore Way, Suite 700
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	S,T Ford, Earline G.
STREET ADDRESS		2.3 STREET ADDRESS	550 Biltmore Way, Suite 700
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Gables FL 33134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	V Camner, Danielle
STREET ADDRESS		3.3 STREET ADDRESS	550 Biltmore Way, Suite 700
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33134
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 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 \_\_\_\_\_ (205) 410-1001

CR2E034 (9/96)