
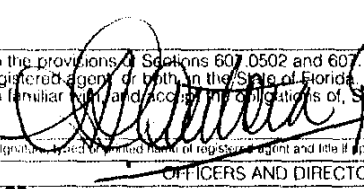
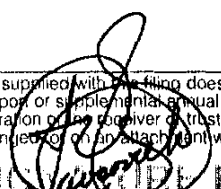


APPROVED  
AND  
FILED

97 MAY -1 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		AND FILED 97 MAY -1 PM 1:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S62107 (5)					
1. Corporation Name THE MORTGAGE AUTHORITY GROUP, INC.					
Principal Place of Business 2300 CORAL WAY MIAMI FL 33145			Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1991	
21 2300 CORAL WAY		26 2300 CORAL WAY		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0272702	
22 SUITE # 200		27 SUITE # 200		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 MIAMI FLORIDA		28 MIAMI FLORIDA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33145		29 33145		Country 25 US. 30 US.	
9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY #200 MIAMI FL 33145			10. Name and Address of New Registered Agent		
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.			81 Name		
SIGNATURE  AMADA CANTERA LOPEZ, PRES 4/29/97			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP		
2.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP		
3.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP		
4.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
5.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
6.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.			500002167545-013 -05/06/97--01074--013 ****165.00 ****165.00		
SIGNATURE:  REQUIRED			3/7/97		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ABRAM GAVOVICH - PRES.			Date Daytime Phone		