

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # S67512 (1)
1. Corporation Name
VANGUARD MORTGAGE CORPORATION



Principal Place of Business: ~~4211 AURORA CT~~ CORAL GABLES FL 33146 US
Mailing Address: ~~4211 AURORA CT~~ CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1570 MADRUGA AVENUE, 22 404, 23 CORAL GABLES, FL, 24 33146, 25 U.S.A.
2a. Mailing Address: 26 1570 MADRUGA AVENUE, 27 404, 28 CORAL GABLES, FL, 29 33146, 30 U.S.A.
3. Date Incorporated or Qualified: 07/19/1991
4. FEI Number: 65-0273290
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. 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: ROSEN, LAWRENCE N., 133 SEVILLA AVENUE, CORAL GABLES FL 33134
10. Name and Address of New Registered Agent: 81 Name EDWARD A. KALISH, 82 Street Address 1570 MADRUGA AVENUE SUITE 404, 84 City CORAL GABLES FL, 85 Zip Code 33146

11. Pursuant to the provisions of Sections 607.0302 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: Edward A. Kalish, EDWARD A. KALISH, DATE: 4-29-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P FINE, ISABEL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS	360 SOLANO PRADO	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: Isabel Fine, ISABEL FINE PRES, 4-29-98 (905)666-3422

CR2E034 (10/97)