

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 14 1997 8:00am  
Secretary of State

DOCUMENT # S74112 (1)  
1. Corporation Name  
REPUBLIC MORTGAGE CORP.



Principal Place of Business  
5300 SW 2 ST  
MIAMI FL 33134

Mailing Address  
5300 SW 2 ST  
MIAMI FL 33134-1106

3. Date Incorporated or Qualified  
08/19/1991

3a. Date of Last Report  
02/14/1996

|   |  |                     |  |   |  |   |  |
|---|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business  |  | 2a. Mailing Address |  | 4. FEI Number<br>65-0281771                               |  | Applied For   |  |
| 21  |  | 25                  |  |   |  | Not Applicable  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired                          |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 22  |  | 27                  |  |   |  |   |  |
| City & State  |  | City & State        |  | 6. Election Campaign Financing<br>Trust Fund Contribution |  | <input type="checkbox"/> \$5.00 May Be Added to Fees    |  |
| 23  |  | 28                  |  |   |  |   |  |
| Zip   |  | Country             |  | Zip   |  | Country   |  |
| 24  |  | 25                  |  | 29  |  | 30  |  |
|   |  |                     |  |   |  |   |  |
| 9. Name and Address of Current Registered Agent   |  |                     |  | 10. Name and Address of New Registered Agent              |  |   |  |
| FERNANDEZ, EUGENIO M.<br>5300 SW 2 ST<br>MIAMI FL 33134   |  |                     |  | 81 Name   |  |   |  |
|   |  |                     |  | 82 Street Address (P.O. Box Number is Not Acceptable)     |  |   |  |
|   |  |                     |  | 83  |  |   |  |
|   |  |                     |  | 84 City   |  |   |  |
|   |  |                     |  | FL 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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------|---|--|
| TITLE                      | PST                   | 1.1 TITLE   |  |
| NAME                       | FERNANDEZ, EUGENIO M. | 1.2 NAME  |  |
| STREET ADDRESS             | 5300 SW 2 ST          | 1.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              | MIAMI FL              | 1.4 CITY- ST- ZIP                                     |  |
| TITLE                      | D                     | 2.1 TITLE   |  |
| NAME                       | FERNANDEZ, EUGENIO M. | 2.2 NAME  |  |
| STREET ADDRESS             | 5300 SW 2 ST          | 2.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              | MIAMI FL              | 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 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.

CR2E034 (9/96)