

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

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May 09 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 # S83990
1. Corporation Name
J.A. MORTGAGE, INC.

Principal Place of Business: 11 Antilla Ave Apt. A Coral Gables FLORIDA 33134
Mailing Address: 11 Antilla Ave Apt. A Coral Gables Florida, 33134

3. Date Incorporated or Qualified: 9-30-91
3a. Date of Last Report
4. FEI Number: 65-0292632
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent
Andolina, Joseph
11 Antilla Ave. Apt. A
Coral Gables, FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
12.1 NAME: Andolina, Joseph
12.2 STREET ADDRESS: 11 Antilla Ave.
12.3 CITY-ST-ZIP: Coral Gables, FL 33134
12.4 TITLE: [] DELETE
12.5 NAME: [] DELETE
12.6 STREET ADDRESS: [] DELETE
12.7 CITY-ST-ZIP: [] DELETE
12.8 NAME: [] DELETE
12.9 STREET ADDRESS: [] DELETE
12.10 CITY-ST-ZIP: [] DELETE
12.11 NAME: [] DELETE
12.12 STREET ADDRESS: [] DELETE
12.13 CITY-ST-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE: [] Change [] Addition
13.2 NAME: [] Change [] Addition
13.3 STREET ADDRESS: [] Change [] Addition
13.4 CITY-ST-ZIP: [] Change [] Addition
13.5 TITLE: [] Change [] Addition
13.6 NAME: [] Change [] Addition
13.7 STREET ADDRESS: [] Change [] Addition
13.8 CITY-ST-ZIP: [] Change [] Addition
13.9 TITLE: [] Change [] Addition
13.10 NAME: [] Change [] Addition
13.11 STREET ADDRESS: [] Change [] Addition
13.12 CITY-ST-ZIP: [] Change [] Addition
13.13 TITLE: [] Change [] Addition
13.14 NAME: [] Change [] Addition
13.15 STREET ADDRESS: [] Change [] Addition
13.16 CITY-ST-ZIP: [] Change [] Addition
100002185901

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 109.721, Florida Statutes, and 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 I 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 Section 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Andolina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97
Date Daytime Phone #

CR2E034 (9/96)