

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sonora B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V29340** (9)

1. Corporation Name:
AMERICAN MORTGAGE EXPRESS, INC.



Principal Place of Business: **5901 N.W. 151 STREET SUITE 102 MIAMI LAKES FL 33014**
Mailing Address: **5901 N.W. 151 STREET SUITE 102 MIAMI LAKES FL 33014**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	04/17/1992		09/29/1995
4.	FBI Number	Applied For	
	65-0327171	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BURNSIDE, ESTELLE		81	Name
5901 NW 151 STREET		82	Street Address (P.O. Box Number is Not Acceptable)
SUITE 120		83	
MIAMI LAKES FL 33014		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.0507, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZER, HARRY	2. NAME	
STREET ADDRESS	5901 NW 151 STREET #120	3. STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	4. CITY-ST-ZIP	
TITLE	VP	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTELLE BRUNSIDE	6. NAME	
STREET ADDRESS	5901 NW 151 STREET #120	7. STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	8. CITY-ST-ZIP	
TITLE	VPS	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COREN, GEORGE J.	10. NAME	
STREET ADDRESS	5901 NW 151 STREET #120	11. STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	12. CITY-ST-ZIP	
TITLE	CFO	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBURG, RICHARD M.	14. NAME	
STREET ADDRESS	5901 NW 151 STREET #120	15. STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	16. CITY-ST-ZIP	
TITLE	VP	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLADO, ARAHUM	18. NAME	
STREET ADDRESS	5901 NW 151 STREET #120	19. STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	20. CITY-ST-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with an address.

SIGNATURE: _____ DATE: **3/22/96** (305) 819-4663

CR2E034 (12/95)