

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 129340
 1. Corporation Name
AMERICAN MORTGAGE EXPRESS, INC.

Principal Place of Business 5901 NW 151 Street Suite 120 Miami Lakes, FL 33014	Mailing Address P.O. Box 4550 Miami Lakes, FL 33014
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2. Principal Place of Business 21 5901 NW 151 Street Suite, Apt. #, etc. 22 Suite 120 City & State 23 Miami Lakes, FL Zip 24 33014	2a. Mailing Address 26 P.O. Box 4550 Suite, Apt. #, etc. 27 City & State 28 Miami Lakes, FL Zip 29 33014	Country 25 USA Country 30 USA
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3. Date Incorporated or Qualified 4/17/1992	3a. Date of Last Report
4. FEI Number 65-0327171	Applied For 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	

9. Name and Address of Current Registered Agent
 Burnside, Estelle
 5901 NW 151 Street
 Suite 120
 Miami Lakes, FL 33014

10. Name and Address of New Registered Agent
 81 Name Weitzer, Harry
 82 Street Address (P.O. Box Number is Not Acceptable)
 5901 NW 151 Street Suite 120
 83 Suite 120 -05/08/97--01001--025
 84 City Miami Lakes FL 85 Zip Code 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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, Sections 607.0502, Florida Statutes.

SIGNATURE *[Signature]* HARRY WEITZER, P/D DATE 4/24/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Weitzer, Harry	
STREET ADDRESS	5901 NW 151 Street, #120	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	Burnside, Estelle	
STREET ADDRESS	5901 NW 151 Street, Suite 120	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	Coren, George	
STREET ADDRESS	5901 NW 151 Street, #120	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	Ginsburg, Richard M.	
STREET ADDRESS	5901 NW 151 Street, #120	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	Mellado, Arahum	
STREET ADDRESS	5901 NW 151 Street, #120	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Speizer, Harry	
1.3 STREET ADDRESS	5901 NW 151 Street, #120	
1.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
2.1 TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hart, Timothy	
2.3 STREET ADDRESS	5901 NW 151 Street, Suite 120	
2.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
3.1 TITLE	V/T/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kleinerman, Peter	
3.3 STREET ADDRESS	5901 N.W. 151 Street, #120	
3.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rosewater, James	
4.3 STREET ADDRESS	5901 N.W. 151st Street, #120	
4.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Feldsteen, Leigh	
5.3 STREET ADDRESS	5901 N.W. 151 Street, #120	
5.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Johnston, Patrice M.	
6.3 STREET ADDRESS	5901 N.W. 151st Street, #120	
6.4 CITY-ST-ZIP	Miami Lakes, FL 33014	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. If 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* PATRICE M. JOHNSTON DATE 4/24/97 305-819-4663

CR2E034 (9/96)