
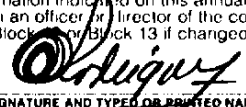


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00.

FILED

Mar 04 1996 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V. 37959 (6) 1. Corporation Name GREAT CAPITAL MORTGAGE CORPORATION.			
Principal Place of Business 947-A SW 87TH AVE MIAMI, FLORIDA, 33174		Mailing Address 947-A SW 87TH AVE MIAMI, FLORIDA, 33174	
2. Principal Place of Business 21 10691 SW 88 STREET Suite, Apt. #, etc. 22 201 City & State 23 MIAMI, FLORIDA. Zip 24 33176		2a. Mailing Address 25 10691 SW 88 STREET Suite, Apt. #, etc. 27 201 City & State 28 MIAMI, FLORIDA. Zip 29 33176	
3. Date Incorporated or Qualified 05/21/1992		3a. Date of Last Report 01/11/95	
4. FEI Number 65-0334722		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 type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent RODRIGUEZ, MARIA E. 14738 SW 102 TERRACE MIAMI, FLORIDA, 33196		10. Name and Address of New Registered Agent 81 Name MARIA E. RODRIGUEZ 82 Street Address (P.O. Box Number is Not Acceptable) 1502 SW 141 AVE. 83 84 City MIAMI. FL 85 Zip Code 33184	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARIA E. RODRIGUEZ 14738 SW 102 TERR MIAMI, FL. 33196 <input type="checkbox"/> DELETE	1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P-S MARIA E. RODRIGUEZ 1502 SW 141 AVE MIAMI, FLORIDA 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORLANDO RODRIGUEZ 14738 SW 102 TERR MIAMI, FL. 33196 <input type="checkbox"/> DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	V-T ORLANDO RODRIGUEZ 1502 SW 141 AVE MIAMI, FLORIDA, 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	200001730632 -03/04/96--01052--020 ***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	30/1001730632 -03/04/95--01002--020 ***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(k), 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 9 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		2/27/96 (305) 271-7280 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (12/95)