

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V65165 (5)

1. Corporation Name
KIWA MORTGAGE CORP.



Principal Place of Business	Mailing Address
5870 SW 8TH ST SUITE 7 CORAL GABLES FL 33144 US	5870 SW 8TH ST SUITE 7 CORAL GABLES FL 33144 US

3. Date Incorporated or Qualified 09/18/1992	3a. Date of Last Report 05/01/1995
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21. 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
30. Country	

4. FEI Number 65-0360763	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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

**SEMET, LICKSTEIN, MORGENSTERN, BERGER, FRI
END, BROOKE & GORDON, P.A.
201 ALHAMBRA CIR SUITE 1200
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name PAULA C. GOMEZ
82. Street Address (P.O. Box Number is Not Acceptable) 5870 SW. 8 ST. SUITE #7
83. City MIAMI
84. State FL
85. Zip Code 33144

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: Paula C. Gomez
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE: **4-17-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PS	<input type="checkbox"/>
NAME	LICKSTEIN, FRED K	
STREET ADDRESS	201 ALHAMBRA CIRCLE STE 1200	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/>
NAME	BOLANOS, JORGE L	
STREET ADDRESS	5870 S.W. 8TH ST., STE. 7	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/>
NAME	VERGARA, MANUEL	
STREET ADDRESS	5870 S.W. 8TH ST., STE. 7	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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)(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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Jorge L. Bolanos DIRECTOR **4/17/96 (305)241-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)