

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

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

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 City Miami Lakes
84 Zip Code 33014

85 Date of Appointment: 05/08/97
 86 Fee: \$165.00

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	TITLE V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Weitzer, Harry		1.2 NAME Speizer, Harry	
STREET ADDRESS 5901 NW 151 Street, #120		1.3 STREET ADDRESS 5901 NW 151 Street, #120	
CITY-ST-ZIP Miami Lakes, FL 33014		1.4 CITY-ST-ZIP Miami Lakes, FL 33014	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Burnside, Estelle		2.2 NAME Hart, Timothy	
STREET ADDRESS 5901 NW 151 Street, Suite 120		2.3 STREET ADDRESS 5901 NW 151 Street, Suite 120	
CITY-ST-ZIP Miami Lakes, FL 33014		2.4 CITY-ST-ZIP Miami Lakes, FL 33014	
TITLE VPS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V/T/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Coren, George		3.2 NAME Kleinerman, Peter	
STREET ADDRESS 5901 NW 151 Street, #120		3.3 STREET ADDRESS 5901 N.W. 151 Street, #120	
CITY-ST-ZIP Miami Lakes, FL 33014		3.4 CITY-ST-ZIP Miami Lakes, FL 33014	
TITLE CFO	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Ginsburg, Richard M.		4.2 NAME Rosewater, James	
STREET ADDRESS 5901 NW 151 Street, #120		4.3 STREET ADDRESS 5901 N.W. 151st Street, #120	
CITY-ST-ZIP Miami Lakes, FL 33014		4.4 CITY-ST-ZIP Miami Lakes, FL 33014	
TITLE VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Mellado, Arahum		5.2 NAME Feldsteen, Leigh	
STREET ADDRESS 5901 NW 151 Street, #120		5.3 STREET ADDRESS 5901 N.W. 151 Street, #120	
CITY-ST-ZIP Miami Lakes, FL 33014		5.4 CITY-ST-ZIP Miami Lakes, FL 33014	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Johnston, Patrice M.	
STREET ADDRESS		6.3 STREET ADDRESS 5901 N.W. 151st Street, #120	
CITY-ST-ZIP		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)(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. 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 DAYTIME PHONE: 305-819-4663

CR2E034 (9/96)