

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

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 141203 (0)
1. Corporation Name
PAN AMERICAN MORTGAGE CORP.



Principal Place of Business

**100 S TYRON ST.
NC1-002-20-18
CHARLOTTE NC 28255**

**401 N TRYON ST
NC1-021-03-09
c/o CORPORATE TAX
CHARLOTTE NC 28255**

3. Date Incorporated or Qualified **12/10/1941** 3a. Date of Last Report **05/20/1996**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

4. FEI Number 59-0374604	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				10. Name and Address of New Registered Agent			
FURMAN, JACK 200 S.E. 1ST STREET MIAMI FL 33131				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMAN, JACK A.	1.2 NAME	
STREET ADDRESS	200 S.E. 1ST ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, WINTHROP F.	2.2 NAME	
STREET ADDRESS	200 S.E. 1ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JR., WILLIAM H.	3.2 NAME	
STREET ADDRESS	200 S.E. 1ST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, WILLIAM L.	4.2 NAME	
STREET ADDRESS	200 S.E. 1ST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIER, THOMAS E.	5.2 NAME	
STREET ADDRESS	200 S.E. 1ST ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SEE SCHEDULE ATTACHED

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

SIGNATURE: *Susan Mays Newman* **SUSAN MAYS NEWMAN Senior Vice President**

CR2E034 (9/96)

08/07/96

Active Officer & Director w/Committee Assignments Report

401 N TRYON ST NCI-021-03-09
c/o CORPORATE TAX
CHARLOTTE NC 28255

Pan American Mortgage Corp.

<u>Directors</u>	<u>Title</u>	<u>Start Dt</u>	<u>Last El.</u>
Daniel Hellams	Director	04/15/96	04/15/96
Frederick Wark	Director	04/15/96	04/15/96
Andrew D. Woodward, Jr.	Director	04/15/96	04/15/96

<u>Officers</u>	<u>Title</u>	<u>Start Dt</u>	<u>Last El.</u>
Andrew D. Woodward, Jr.	President	04/15/96	04/15/96
Daniel Hellams	Executive Vice President	04/15/96	04/15/96
Denise Sawyer	Executive Vice President/Treasurer	04/15/96	04/15/96
Michael J. Mulcahy	Senior Vice President/Tax Officer	04/15/96	04/15/96
Susan Mays Newman	Senior Vice President/Tax Officer	04/15/96	04/15/96
Frederick Wark	Senior Vice President	04/15/96	04/15/96
Gary S. Williams	Senior Vice President/Tax Officer	04/15/96	04/15/96
Mary-Ann Lucas	Secretary	04/15/96	04/15/96
Jacqueline MacRorie	Assistant Secretary	04/15/96	04/15/96

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PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000003918 (0)

1. Corporation Name
RIVE GAUCHE A CORP.



Principal Place of Business
% TERRANOVA CORPORATION
1200 BRICKELL AVE., SUITE 1500
MIAMI FL 33131

401 N TRYON ST
NC1-021-03-09
c/o CORPORATE TAX
CHARLOTTE NC 28255

3. Date Incorporated or Qualified 08/27/1993	3a. Date of Last Report 09/17/1996
4. FEI Number 93-0003918	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

BITTEL, STEPHEN H
1200 BRICKELL AVE., SUITE 1500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

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

TITLE	PC	<input type="checkbox"/> DELETE
NAME	SMITH, TURNER B	
STREET ADDRESS	25 S. CHARLES ST., SUITE 1300	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUNN, RAY A	
STREET ADDRESS	25 S. CHARLES ST., SUITE 1300	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STARK, EDWARD J	
STREET ADDRESS	25 S. CHARLES ST., SUITE 1300	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RHOADS, LYNN	
STREET ADDRESS	600 PEACHTREE ST. CORP TAX	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

SEE SCHEDULE ATTACHED

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SIGNATURE: _____

SUSAN MAYS NEWMAN
Senior Vice President

CR2E034 (9/96)

08/07/96

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401 N TRYON ST NC1-021-03-09
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Frederick Wark	Senior Vice President	04/15/96	04/15/96
Gary S. Williams	Senior Vice President/Tax Officer	04/15/96	04/15/96
Mary-Ann Lucas	Secretary	04/15/96	04/15/96
Jacqueline MacRorie	Assistant Secretary	04/15/96	04/15/96