

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

FILED
May 28 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 # P96000024171 (6)

1. Corporation Name
**RICHMOND HEIGHTS TOWNHOUSE DEVELOPMENT CORPORATI
 ON**



Principal Place of Business 7 N.W. 2ND STREET #218 MIAMI FL 33136	Mailing Address 7 N.W. 2ND STREET #218 MIAMI FL 33128-1849
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3. Date Incorporated or Qualified 03/18/1996	3a. Date of Last Report
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2. Principal Place of Business 21 11439 SW 148 Street	2a. Mailing Address 26 21831 S.W 98 Avenue
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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22. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23. City & State MIAMI Florida	28. City & State MIAMI FL.
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24. Zip 33190	25. Country	29. Zip 33190	30. Country
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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
**HENRIQUES, GENNMEVE
 7 N.W. 2ND STREET
 MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name James L. Brown, Sr.	
82 Street Address (P.O. Box Number is Not Acceptable) 21831 SW 98 Avenue	
83	
84 City MIAMI	85 Zip Code FL 33170

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]* DATE: **1.31.97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, JAMES L	
STREET ADDRESS	21831 S.W. 984TH AVE.	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PERAZZINI, GIULIANO	
STREET ADDRESS	21831 S.W. 984TH AVE.	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, TERESA	
STREET ADDRESS	21831 S.W. 984TH AVE.	
CITY-ST-ZIP	MIAMI FL 33190	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****165.00**

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: *[Signature]* DATE: **1/25/97** **305-283-3631**

CR2E034 (9/96)