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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000047765**

1. Corporation Name

RICH HOMES OF FLORIDA INC

Throate Flowing Of Thornion, in	lO•
Principal Place of Business	Mailing Address
100 N. BISCAYNE SUITE 1701 MIAMI FL 33132 US	100 N. BISCAYNE Suite 1701 Miami Fl. 33132 US
2. Principal Place of Business	2a. Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90136 007 ***150.00



1 Timospar I saos	e of Business	Mailing Address			
100 N. BISCAY	NE	100 N. BISCAYNE			
SUITE 1701		SUITE 1701		DO NOT WRITE IN THIS SPACE	
MIAMI FL 33132 MIA		MIAMI FL 33132		3. Date Incorporated or Qualifed	
-03		00		05/30/1997	}
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 100 N	J B E CAMAIA A	26 100 N. 10	is CAYNU	65-0775555	Not Applicable
Suite, Apt.	#. etc	Suite, Apt.#, etc.	21/	_ \$8.7	5 Additional
22 -	2904	27 Suite 2	404		Required
City & Stat	<u> </u>	City & State	V	6. Election Campaign Financing _ \$5.0	00 May Be
23 M		28 MiAMI	, PC	1 - 1 - 1	ed to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24 23 13	32 ₂₅ USA	29 33 (32 30	0 34	Personal Property Tax.	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
	<u> </u>		81 Name		1
1	ICHAY, BRIGITTE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	-
	0 SW 130 ST.				
MIAI	MI FL 33176		83		
}			84 City	85 Z	ip Code
	*			FL. _	<u></u> _
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose of changing	its registered
office or r agent. I a	registered agent, or both, in the State o am familiar with, and accept the obligati	or Florida. Such change was auth ions of, Section 607.0505, Florida	a Statutes.	on's board of directors. I hereby accept the appointment as	registered
SIGNATURE					
	01 1 1 1	NATE On	mieternet Anant eigneture reguire	ad when reinstation) DATE	
42	Signature, typed or printed name of registered agent		egistered Agent signature require		TORS IN 12
12.	OFFICERS AND		13. 1.1 TITLE	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Chan	
TITLE	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE NAME	PD BENICHAY, BRIGITTE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
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14. I 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 pseciver 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, with all other like empowered.

SIGNATURE: