

448
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
 AND
 FILED**

95 MAY -1 PM 1:54

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 219296 (1)

**1. Corporation Name:
DCA HOMES, INC.**

Principal Place of Business: 700 N.W. 107TH AVE. 4TH FL MIAMI FL 33172	Mailing Address: 700 N.W. 107TH AVE. 4TH FL MIAMI FL 33172
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(a) (a) WRITE IN THIS SPACE

3. Date of Incorporation (or Qualification) 01/17/1959	3a. Date of Last Report 05/01/1994
4. FEI Number 59-0867091	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This Corporation has authority for intrastate use under Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSKY, MORRIS J.
700 NW 107TH AVENUE
MIAMI FL 33172**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL Zip Code

11. Pursuant to the provisions of Sections 607.0547 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the adaptation of Section 607.1502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS												
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0547, Florida Statutes. I further certify that the information submitted 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 of this filing, or as an attorney with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grace Santuella Grace Santuella

4/26/95

**(305)
229-6400**