48 TILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 219296 **DOCUMENT #**

(1)

DCA H	OMES, INC.						
Principal Place	of Business	Mailing Address				UIII	II 8:01) DI\$II 0 0 1 (90)
700 N.W. 107TH AVE4TH FL MIAMI FL 33172		700 N.W. 107TH AVE4TH FL MIAMI FL 33172					
					3. Date Incorporated or Qualified 01/17/1959	3a. Date of L 05/0	ast Report 1/1995
2. Principa! Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21		[26]		59-0867091			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required	
City & State		Oity & State		6. Election Campaign Financing	!	\$5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	7 _{IP}	Country	/	8. This corporation has liability for i		nder s. 199.032,
24	25	29	30		Florida Statutes 10. Name and Address of New R	No No	n+
	9. Name and Address of Curre	nt Registereo Agent	81	Name	10. Name and Address of New A	egistered Age	111
MATOKA MODOKO I							
	107TH AVENUE		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ie)	
MIAMI FI			83				
			84	City	A CALCULATE MAN OF MANY AND THE AND INCIDENT AND THE COMMERCIAN CONTROL OF THE CONTROL OF THE COMMERCIAN CONTROL OF THE COMMERCIAN CONTROL OF THE COMMERCIAN CONTROL OF THE CONT	 8	5 Zip Code
				1		FL	
familiar wit SIGNATURE	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Standard, typed or printed hume of registered ares	tion 607.0505, Florida Statutes.		oration's boar	ation submits this statement for the pur rd of directors. I hereby accept the appo	ointment as regi	stored agent. I am
12.		RS AND DIRECTORS			ADDITIONS/CHANGES TO OFF	CERS AND DIF	RECTORS IN 12
TITLE	CD	DELETE	1. 1 TITLE			□ c	nange 🔲 Addition
NAME	MILLER, LEONARD		1.2 NAME				1
STREET ADDRESS	700 NW 107 AVENUE			T ADDRESS			
CITY-ST-ZIP	MIAMI FL	F" I DELETE	1.4 CITY - 1			F1 6	hance El Addition
TITLE	VD Bolotin, irving	[[]] DELETE	2 1 TiTLE			□ c	hange
NAME execut approves	700 NW 107 AVENUE		2.2 NAME	s Africa CC			
STREET ADDRESS CITY-S1-ZIP	MIAMI FL		2.3 STREET ADDRESS 2.4 City+St-ZiP				
TOTLE	VD	[] DELETE	3 1 TITLE				hange [] Addition
NAME	PEKOR, ALLAN J.		3.2 NAME			2 ,	
STREET ADDRESS	700 NW 107 AVENUE		33 STREE	T ADDRESS			
CITY-SI-7IP	MIAMI FL		3.4 CIBY -	S1-7IP	<u> </u>		
TiTLE	V	[] DELETE	4 1 THUE		30000180	597€°	harge 🔲 Addition
NAME	JAFFE, JONATHAN M.		4.2 NAME		- 98/06/969 19	149-4027	
STREET ADDRESS	700 NW 107TH AVE		4.3 STREE	T ADDRESS	***200.00		
CITY-ST-ZIP	MIAMI FL	D DELETE	4.4 CITY				San Em Addition
TITLE	SALEDA, M. E.	DELETE	5. 1 TITLE				hange C Addition
NAME PERCEL ACCOUNCE	700 NW 107 AVENUE		5 2 NAME 5 3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		5 3 5 IREE 5 4 CITY-		60000181	1123	6
TITLE	AS	[] DELETE	6. 1 TILLE		60000181 -05/07/96010	1890270	hange Addition
NAME	SANTAELLA, GRACE	-			***200.00	_	25.1
STREET ADDRESS	700 NW 107 AVENUE		6.2 NAME 6.3 STREE	L'ADDRESS			ノム!
CITY-ST-ZIP	MIAMI FL		6,4 CITY -				-,

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 charged, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR