

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

FILED

Apr 22 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 # 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 33172-3161
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/17/1959	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-0867091	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WATSKY, MORRIS J. 700 NW 107TH AVENUE MIAMI FL 33172				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
CD	MILLER, LEONARD	<input type="checkbox"/> DELETE	
700 NW 107 AVENUE		1.3 STREET ADDRESS	
MIAMI FL		1.4 CITY-ST-ZIP	
VD	BOLOTIN, IRVING	<input type="checkbox"/> DELETE	
700 NW 107 AVENUE		2.1 TITLE	
MIAMI FL		2.2 NAME	
VD	PEKOR, ALLAN J.	<input type="checkbox"/> DELETE	
700 NW 107 AVENUE		2.3 STREET ADDRESS	
MIAMI FL		2.4 CITY-ST-ZIP	
V	JAFFE, JONATHAN M.	<input type="checkbox"/> DELETE	
700 NW 107TH AVE		3.1 TITLE	
MIAMI FL		3.2 NAME	
T	SALEDA, M. E.	<input type="checkbox"/> DELETE	
700 NW 107 AVENUE		3.3 STREET ADDRESS	
MIAMI FL		3.4 CITY-ST-ZIP	
AS	SANTAELLA, GRACE	<input type="checkbox"/> DELETE	
700 NW 107 AVENUE		4.1 TITLE	
MIAMI FL		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0232105

CR2E034 (9/96)