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PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

FILED May 15 1998 8:00am Secretary of State

PALM BEACH HOMES, CORP. Principal Place of Business Mailing Address 2601 SOUTHWEST 69TH COURT 2601 SOUTHWEST 69TH COURT MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1645392 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible ✓ Yes □ No 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOPEZ, CECILIO C. 2601 SOUTHWEST 69TH COURT Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33155** 83 84 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. Thereby accept the appointment as registered agent. Familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELFTE TITLE 1 1 THLE Change ___ Addition FRAXEDAS, ENRIQUE NAME 1.2 NAME 2601 S.W. 69TH CT. STREET ADDRESS 13 STREET ADDRESS MIAMI FL C(TY-ST-Z)P 14 CITY-ST-ZIP TITLE DELFTE 2.1 TITLE Change Addition LOPEZ, CECILIO G. NAME 22 NAME 2601 S.W. 69TH CT. STREET ADDRESS 2 3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CHTY-ST-ZIP DELETE Change TITLE Addition 31 TITLE LOPEZ, MARIA ROSA NAME 3.2 NAME 2601 S.W. 69TH CT. STREET ADDRESS 3 3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 3.4 CITY-ST-7IP TITLE DELETE ☐ Addition 4.1 DILE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP THE THE TITLE 6 1 TITLE ___ Addition NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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

SIGNATURE: