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FILED
Jan 26, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-26-1999 90051 044 ****158.75

DOCUMENT # 490635

1. Corporation Name
H O M CONSTRUCTION CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7430 SW 163RD ST.
MIAMI FL 33157
US

Mailing Address
7430 SW 163RD ST.
MIAMI FL 33157
US

3. Date Incorporated or Qualified
12/16/1975
4. FEI Number
59-1643139
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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent
ORTIZ, HUMBERTO
7430 SW 163RD ST.
MIAMI FL 33157

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[DELETE]
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[DELETE]
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[DELETE]
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[DELETE]
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
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
[Change] [Addition]

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 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, with all other like empowered.

SIGNATURE: _____ DATE: 1/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
305-233-6324
Daytime Phone #

CR2E034 (11/98)