FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **607463** **(7)**

1. Corporation Name

HOMELAND ENTERPRISES, INC.

Principal Place of Business

~~515 E. LAS OLAS BLVD.~~
~~#950~~
~~FT. LAUDERDALE FL 33301~~
~~US~~

Mailing Address

~~515 E. LAS OLAS BLVD.~~
~~#950~~
~~FT. LAUDERDALE FL 33301~~
~~US~~

2. Principal Place of Business

21 700 SE Third Avenue
Suite, Apt. #, etc.
22 Third Floor
City & State
23 Ft. Lauderdale, FL
Zip 24 33316 Country 25 USA

2a. Mailing Address

26 700 SE Third Avenue
Suite, Apt. #, etc.
27 Third Floor
City & State
28 Ft. Lauderdale, FL
Zip 29 33316 Country 30 USA

3. Date Incorporated or Qualified: 01/22/1979

3a. Date of Last Report: 04/04/1995

4. FEI Number: 59-1880985 — 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 liability for intangible tax under s. 199.032, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

STERNLIEB, HERBERT H.
~~1150 N. FEDERAL HIGHWAY~~
~~FT. LAUDERDALE FL 33304~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 13221 Saint Tropez Circle
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ORIOL, JACK C.	
STREET ADDRESS	AVE PRINCIPAL LOMA	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	DV	☐ DELETE
NAME	ORIOL, ALBERTO C.	
STREET ADDRESS	CALLE NUNEZ PONTE	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	DS	☐ DELETE
NAME	ORIOL, JOAQUIN T.	
STREET ADDRESS	AVE EL PROGRESO	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	S	☐ DELETE
NAME	ORIOL, JACK	
STREET ADDRESS	1555 S. OCEAN LANE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is complete, and does not qualify for the exemption stated in Section 119.07(3)(n), 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: JACK C. ORIOL — MARCH 6, 96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (12/95)