

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:09
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 769433 (4)

1. Corporation Name

HOMES FOR SOUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1390 BRICKELL AVENUE, SUITE 270 MIAMI FL 33131	1390 BRICKELL AVENUE, SUITE 270 MIAMI FL 33131

3. Date Incorporated or Qualified 07/10/1983	3a. Date of Last Report 03/28/1994
4. FEI Number 59-2307683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LEE, MARIE A
1390 BRICKELL AVENUE, SUITE 270
MIAMI FL 33131**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED LEE, MARIE A 1390 BRICKELL AVENUE, SUITE 270 MIAMI FL 33131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HENRIQUES, ADOLFO C/O 80 S.W. 8TH STREET, 22ND FLOOR MIAMI FL 33131	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALEXANDER, PATRICK 701 BRICKELL AVENUE, 33RD FLOOR MIAMI FL 33131	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATTEN, JAMES K ONE HERALD PLAZA, 6TH FLOOR MIAMI FL 33132-1693	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINE, MARTIN 100 S.E. 2ND STREET, 35TH FLOOR MIAMI FL 33131	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRASH, DOUGLAS M 515 NORTH FLAGLER DRIVE, SUITE 2100 WEST PALM BEACH FL 33401	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D		D CANDELA, HILARIO 800 DOUGLAS ENTRANCE, 2ND FLOOR CORAL GABLES, FLORIDA 33134	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie A. Lee *M. Lee* **3/8/95** **579-3076**

SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR (Date) (Phone) (Telex #)