

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1996**



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

**DOCUMENT # 769433 (4)**

1. Corporation Name

**HOMES FOR SOUTH FLORIDA, INC.**



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

3. Date Incorporated or Qualified: **07/18/1983**  
3a. Date of Last Report: **04/26/1995**

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

4. FEI Number: **59-2307683**  
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:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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 617.0502 and 617.1508, 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 617.0503, 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	
TITLE	<b>ED</b> <input type="checkbox"/> DELETE
NAME	<b>LEE, MARIE A</b>
STREET ADDRESS	<b>1390 BRICKELL AVENUE, SUITE 270</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>HENRIQUES, ADOLFO</b>
STREET ADDRESS	<b>C/O 80 S.W. 8TH STREET, 22ND FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ALEXANDER, PATRICK</b>
STREET ADDRESS	<b>701 BRICKELL AVENUE, 33RD FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CANDELA, HILARIO</b>
STREET ADDRESS	<b>800 DOUGLAS ENTRANCE, 2ND FLOOR</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FINE, MARTIN</b>
STREET ADDRESS	<b>100 S.E. 2ND STREET, 35TH FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BRASH, DOUGLAS M</b>
STREET ADDRESS	<b>515 NORTH FLAGLER DRIVE, SUITE 2100</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>White, John</b>
2.3 STREET ADDRESS	<b>200 East Broward Blvd., 10th Floor</b>
2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, Florida 33301</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Sucher, Robert</b>
3.3 STREET ADDRESS	<b>1399 S.W. 1st Avenue, 2nd Floor</b>
3.4 CITY-ST-ZIP	<b>Miami, Florida 33131</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Henriques, Adolfo</b>
6.3 STREET ADDRESS	<b>C/O 100 S.E. 2nd Street, 30th Floor</b>
6.4 CITY-ST-ZIP	<b>Miami, Florida 33131</b>

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*M. Lee / Marie Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

(305) 579-9076  
Date Day/Time Phone #

CR2E037 (12/95)