

**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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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  
7. 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  
85 Zip Code: FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, MARIE A	1.2 NAME	
STREET ADDRESS	1390 BRICKELL AVENUE, SUITE 270	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRIQUES, ADOLFO	2.2 NAME	White, John
STREET ADDRESS	C/O 80 S.W. 8TH STREET, 22ND FLOOR	2.3 STREET ADDRESS	200 East Broward Blvd., 10th Floor
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	Ft. Lauderdale, Florida 33301
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, PATRICK	3.2 NAME	Sucher, Robert
STREET ADDRESS	701 BRICKELL AVENUE, 33RD FLOOR	3.3 STREET ADDRESS	1399 S.W. 1st Avenue, 2nd Floor
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDELA, HILARIO	4.2 NAME	
STREET ADDRESS	800 DOUGLAS ENTRANCE, 2ND FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, MARTIN	5.2 NAME	
STREET ADDRESS	100 S.E. 2ND STREET, 35TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASH, DOUGLAS M	6.2 NAME	Henriques, Adolfo
STREET ADDRESS	515 NORTH FLAGLER DRIVE, SUITE 2100	6.3 STREET ADDRESS	40 100 S.E. 2nd Street, 30th Floor
CITY-ST-ZIP	WEST PALM BEACH FL 33401	6.4 CITY-ST-ZIP	Miami, Florida 33131

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) 579-3076  
Date Day/Time Phone #

CR2E037 (12/95)