

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 19 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769433** (4)  
 1. Corporation Name  
**HOMES FOR SOUTH FLORIDA, INC.**



Principal Place of Business <b>1390 BRICKELL AVENUE, SUITE 270 MIAMI FL 33131</b>	Mailing Address <b>1390 BRICKELL AVENUE, SUITE 270 MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/18/1983</b>	3a. Date of Last Report <b>04/25/1996</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>59-2307683</b>	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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 **FRANCIS, KARL A**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1390 Brickell Ave, Suite 270**  
 83  
 84 City **Miami** FL 85 Zip Code **33131**

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 *Karl A. Francis* **KARL A. FRANCIS** DATE **8-8-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ED</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>ED</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEE, MARIE A</b>	1.2 NAME	<b>FRANCIS, KARL A</b>
STREET ADDRESS	<b>1390 BRICKELL AVENUE, SUITE 270</b>	1.3 STREET ADDRESS	<b>1390 BRICKELL AVE, SUITE 270</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRIQUES, ADOLFO</b>	2.2 NAME	
STREET ADDRESS	<b>C/O 80 S.W. 8TH STREET, 22ND FLOOR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUCHER, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>1399 SE 1ST AVE 2ND FLOOR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANDELA, HILARIO</b>	4.2 NAME	
STREET ADDRESS	<b>800 DOUGLAS ENTRANCE, 2ND FLOOR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINE, MARTIN</b>	5.2 NAME	
STREET ADDRESS	<b>100 S.E. 2ND STREET, 35TH FLOOR</b>	5.3 STREET ADDRESS	<b>701 BRICKELL AVE, Suite 3000</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HENRIQUE, ADOLFO</b>	6.2 NAME	<b>JOHN WHITE</b>
STREET ADDRESS	<b>C/O 100 SE 2ND ST 30TH FLOOR</b>	6.3 STREET ADDRESS	<b>200 EAST BROWARD BLVD, 10th Floor</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>

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

SIGNATURE: *KARL A. FRANCIS* **KARL A. FRANCIS** DATE: **8-8-97** 579-3076

CR2E037 (4/97)