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Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 769433 (4)
1. Corporation Name
HOMES FOR SOUTH FLORIDA, INC.



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
07/18/1983
4. FEI Number
59-2307683
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 1399 S.W. 1ST AVENUE 26 1399 S.W. 1ST AVENUE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 MIAMI, FLORIDA
23 MIAMI, FLORIDA 28 MIAMI, FLORIDA
City & State City & State
24 33130 25 USA 29 33130 30 USA
Zip Country Zip Country

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
FRANCIS, KARL A
1390 BRICKELL AVENUE, SUITE 270
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name ROBERT SUCHER
82 Street Address (P.O. Box Number is Not Acceptable)
C/O MELLON UNITED NATIONAL BANK
83 1399 S.W. 1ST AVENUE
84 City MIAMI FL 85 Zip Code 33130

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 *Robert J. Sucher* ROBERT J. SUCHER DATE 7/22/98

12. OFFICERS AND DIRECTORS

TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	FRANCIS, KARL A	
STREET ADDRESS	1390 BRICKELL AVENUE, SUITE 270	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	HENRIQUES, ADOLFO	
STREET ADDRESS	C/O 80 S.W. 8TH STREET, 22ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUCHER, ROBERT	
STREET ADDRESS	1399 SE 1ST AVE 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CANDELA, HILARIO	
STREET ADDRESS	800 DOUGLAS ENTRANCE, 2ND FLOOR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINE, MARTIN	
STREET ADDRESS	701 BRICKELL AVE STE 3000	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WHITE, JOHN	
STREET ADDRESS	200 E BROWARD BLVD 10TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JACK HEATH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIRECTOR	
1.3 STREET ADDRESS	SUN TRUST BANK	
1.4 CITY-ST-ZIP	P O BOX 522233 MIAMI FL 33182	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *John White* DATE 4/1/98 305 808-2200

CR2E037 (10/97)