

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F21584 (0)

1. Corporation Name
BEST MADE HOMES, INC.



Principal Place of Business 3455 NW 55TH ST. FT LAUDERDALE FL 33309	Mailing Address 3455 NW 55TH ST. FT LAUDERDALE FL 33309-6308
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/02/1981	3a. Date of Last Report 03/25/1996
21	26	4. FEI Number 59-2155037	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent COTILLA, ADOLFO J JR. BEST MADE HOMES, INC. 3455 N.W. 55TH STREET FT. LAUDERDALE FL 33309		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 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INTERNATIONAL CONCEPT GR	1.2 NAME	
STREET ADDRESS	ARCHIMEDESVAGEN 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROMMA SW	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELSSON, JONAS	2.2 NAME	
STREET ADDRESS	5310 NW 33 AVE., S-218	2.3 STREET ADDRESS	3455 NW 55th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESTERLUND, STIG	3.2 NAME	
STREET ADDRESS	5310 NW 33 AVE., S-218	3.3 STREET ADDRESS	3455 NW 55th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTILLA, ADOLFO J., JR.	4.2 NAME	
STREET ADDRESS	5310 NW 33 AVE., S-218	4.3 STREET ADDRESS	3455 NW 53th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOUCHIMS, SVEN OLOF	5.2 NAME	
STREET ADDRESS	5310 NW 33 AVE., S-218	5.3 STREET ADDRESS	3455 NW 55th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:  **Adolfo J. Cotilla, Jr.** 1/20/97 954-484-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)