

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 1:35

TALLAHASSEE, FLORIDA

DOCUMENT # J 72562

1. Corporation Name

GIRARD HOMES INC.

Principal Place of Business

Mailing Address

2205 SW 137 CT
MIAMI, FL 33175

2205 SW 137 CT
MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/11/1987

4/27/96

2. Principal Place of Business

2a. Mailing Address

21 2205 SW 137 CT

26 2205 SW 137 CT

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 FL 33175

25 Dade

29 33175

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL WONG
2205 SW 137 CT
MIAMI, FL 33175

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PIT
NAME	WONG, PAUL
STREET ADDRESS	2205 SW 137 CT
CITY, ST, ZIP	MIAMI, FL 33175
TITLE	
NAME	WONG, PAUL
STREET ADDRESS	2205 SW 137 CT
CITY, ST, ZIP	MIAMI, FL 33175
TITLE	SUBV. MGR.
NAME	WONG, MERCEDES
STREET ADDRESS	2205 SW 137 CT
CITY, ST, ZIP	MIAMI, FL 33175
TITLE	
NAME	WONG, MERCEDES
STREET ADDRESS	2205 SW 137 CT
CITY, ST, ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	4000001494434
5. TITLE	05/19/95-01/01/96 Addition
6. NAME	*****8.75 *****8.75
7. STREET ADDRESS	
8. CITY, ST, ZIP	4000001494434
9. TITLE	05/19/95-01/01/96 Addition
10. NAME	****200.00 ****200.00
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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 110.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: *Paul Wong*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 3:55-223.3340
Date (Typed Name)

PAUL WONG
President

Paul Wong