## FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT Jun 04 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS · 1997 DOCUMENT # DOCUMENT # 5. Homes INC . \$79064 (8) Principal Place of Business Mailing Address SW. 56st 33165-7060 3. Date Incorporated or Qualified 6-17-1987 2. Principal Place of Business 104.55 S.W. 562t. 2a. Mailing Address 26 SAM C 4. FEI Number 65-00/0505 Applied For 10455 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required City & State \_\_\_\_ 6. Election Campaign Financing \$5.00 May Be MIAWI Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes 🔀 No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DIAZ-SECADES ESTHEN Name 5W 564 82 Street Address (P.O. Box Number is Not Acceptable) 10455 MIAMI FLA 33165-7060 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Stututes, 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 vas authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lengthfur with and accept the official statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE (NOTE Hegistered Agent's gnature required when reinstating) one of registered agent and take Lamples OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 111IILE Change Addition NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS MIAWI 33165-7060 1 4 CiTY - ST - ZIP CITY-ST-ZIP ☐ DELETE 21 TITLE Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY+S1+ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-7IP DELETE 4 1 11/14 Change Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 🔲 م 5.1.101E TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7-P DELF1E TITLE 6.1 TITLE NAME 62 NAME 600002209336 -06/11/97--01109--035 STREET ADDRESS 6.3 STRUEL ADDRESS 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

SIGNATURE: Osther William - Saules 5-6-97 305-2701560