FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:21

DOCUMENT # J87490 (5)

1. Corporation Name

HOMESTEAD 40 ACRES, INC.

Principal Place of Business	Mailing Address
% MAX M. HAGEN 16663 NE 19 AVE N MIAMI BEACH FL 33162	% MAX M. HAGEN 16663 NE 19 AVE N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
- 21 NEW ADDRESS
- 22 Suite, Apt #, etc. MAX M. HAGEN, 3990 SHERIDAN ST. #104
- 23 City & State HOLLYWOOD, FL 33021
- 24 Zip
- 25 Country

2a. Mailing Address
- 26 NEW ADDRESS
- 27 Suite, Apt #, etc. MAX M. HAGEN, 3990 SHERIDAN ST. #104
- 28 City & State HOLLYWOOD, FL 33021
- 29 Zip
- 30 Country

3. Date Incorporated or Qualified: **08/17/1987**
3a. Date of Last Report: **03/17/1994**
4. FEI Number: **65-0095660** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HAGEN, MAX M.
16663 NE 19 AVE
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

- 81 Name
- 82 Street Address (P.O. Box Number is Not Acceptable) NEW ADDRESS
- 83 MAX M. HAGEN, 3990 SHERIDAN ST. #104
- 84 City HOLLYWOOD, FL 33021 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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BETORET, FRATERNO VILA
STREET ADDRESS	16663 NE 19 AVE
CITY ST ZIP	N MIAMI BEACH FL
TITLE	S
NAME	HAGEN, MAX M.
STREET ADDRESS	1663 NE 19TH AVENUE
CITY ST ZIP	NORTH MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NEW ADDRESS	☐ Change ☐ Addition
1.2 NAME	[redacted],	
1.3 STREET ADDRESS	3990 SHERIDAN ST. #104	
1.4 CITY ST ZIP	HOLLYWOOD, FL 33021	
2.1 TITLE	NEW ADDRESS	☐ Change ☐ Addition
2.2 NAME	[redacted]	
2.3 STREET ADDRESS	3990 SHERIDAN ST. #104	
2.4 CITY ST ZIP	HOLLYWOOD, FL 33021	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07, 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, or on an attachment with an address.

SIGNATURE: Max M Hagen Sec't. Max M. Hagen 2/17/95 (305) 987-0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0176174 CP