

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

APPROVED AND FILED

95 APR 26 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # K29619 (9)

1. Corporation Name
DADE'S BEST HOMES, INC.

Principal Place of Business: **2450 S.W. 137TH AVE. SUITE 221 MIAMI FL 33175**

Mailing Address: **2450 S.W. 137TH AVE. SUITE 221 MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/28/1988**

3a. Date of Last Report: **04/14/1994**

4. FEI Number: **65-0070668**

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 ss. 199.032, Florida Statutes: Yes No

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Country |
| 25 | Country | 30 | Zip |

9. Name and Address of Current Registered Agent

**CABALLERO, MARCIA B ESQ.
2450 SW 137TH AVE.
STE 221
MIAMI FL 33175**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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: _____ DATE: _____

(Signature, typed or printed name of registered agent and (b) if applicable. (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | PSD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASTRO, ALBIO | 1.2 NAME | |
| STREET ADDRESS | 8501 SW 184TH ST | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | |
| TITLE | VTD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAN JUAN, LEONARDO RENE | 2.2 NAME | |
| STREET ADDRESS | 2900 SW 113TH AVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: _____

(Signature, typed or printed name of signing officer or director)