FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K87739** **(4)**

1. Corporation Name

LEELAND PATIO HOMES CORP.

Principal Place of Business

~~8320 N.W. 12TH STREET~~
~~SUITE 102~~
~~MIAMI FL 33126~~

Mailing Address

~~3850 S W 87TH AVENUE~~
~~305~~
~~MIAMI FL 33165~~
~~US~~

3. Date Incorporated or Qualified: 05/12/1989
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21 10361 SW 13th Street
Suite, Apt. #, etc.
22
City & State
23 Miami Fl
Zip 24 33174 Country 25 USA

2a. Mailing Address
26 10361 SW 13th Street
Suite, Apt. #, etc.
27
City & State
28 Miami Fl
Zip 29 33174 Country 30 USA

4. FEI Number: 65-0138921 — 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

~~KTG&S REGISTERED AGENT CORP.~~
~~100 SE 2ND STREET~~
~~26TH FLOOR~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Gregg S. Truxton, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd.
83 Suite 1035
84 City: Coral Gables FL 85 Zip Code: 33134

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: Gregg S. Truxton — Signature required when registering — DATE: 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	BUIGAS, O.J.	
STREET ADDRESS	4200 N. LANDING DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DPC	☒ DELETE
NAME	BUIGAS, OCTAVIO D.	
STREET ADDRESS	3850 S W 87TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	CLAVIJO, ANA BUIGAS	
STREET ADDRESS	3850 S W 87TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VST	☒ DELETE
NAME	CARBALLO, MARTHA	
STREET ADDRESS	3850 S W 87TH STREET	
CITY-ST-ZIP	MIMAI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	200001819752 -05/14/96--01015--018 ***208.75	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME	CLAVIJO, Ana BUIGAS	
3.3 STREET ADDRESS	10361 SW 13th Street	
3.4 CITY-ST-ZIP	Miami, Fl 33174	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DPC	☐ Change ☒ Addition
5.2 NAME	BUIGAS, Elena R	
5.3 STREET ADDRESS	10361 SW 13th Street	
5.4 CITY-ST-ZIP	Miami, Fl 33174	
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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with no alteration.

SIGNATURE: Ana B. Clavijo — Vice President — Date 4/30/96 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana B. Clavijo

CR2E034 (12/95)

5/1/96