

LE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 11 1997 8:00am
Secretary of State

DOCUMENT # L64450 (4)
1. Corporation Name
HOME LOANS, INC.

Principal Place of Business
12173 SW 131ST AVE
STE 211
MIAMI FL 33186
US

Mailing Address
12173 SW 131ST AVE
STE 211
MIAMI FL 33186-6453
US

3. Date Incorporated or Qualified
04/09/1990

3a. Date of Last Report
04/09/1996

2. Principal Place of Business
21 12173 SW 131 AVE
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FLA
Zip
24 33186
Country
25 USA

2a. Mailing Address
26 12173 SW 131 AVE
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FLA
Zip
29 33186
Country
30 USA

4. FEI Number
65-0197251

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

10. Name and Address of New Registered Agent

MENENDEZ, CAROL A.
9990 MARLIN ROAD
MIAMI FL 33189

81 Name ALIDA COWAN
82 Street Address (P.O. Box Number is Not Acceptable)
8490 SW 83 ST
83
84 City MIAMI FL 85 Zip Code 33143

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 *Alida Cowan* ALIDA COWAN 3-15-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	MENENDEZ, CAROL A.	12173 SW 131ST AVE.	MIAMI FL	<input type="checkbox"/>
D	COWAN, ALIDA	12173 SW 131ST AVE	MIAMI FL	<input type="checkbox"/>
VD	CARRODEGUAS, JOSE I	12173 SW 131ST AVE	MIAMI FL	<input checked="" type="checkbox"/>
S	CARVAJAL, TRISHA L	12173 SW 131ST AVE	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VD	CARRODEGUAS, JOSE I	12173 SW 131 AVE	MIAMI, FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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
appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Alida Cowan* 3-15-97 305 254-5180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0251201

CP2E034 (9/96)