

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90121 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L64450**

1. Corporation Name  
**HOME LOANS, INC.**

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

Mailing Address  
12173 SW 131 AVE  
MIAMI FL 33186  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/09/1990**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **PO Box 571152**

2a. Mailing Address

26 **PO Box 571152**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Miami, FL**

City & State

28 **Miami, FL**

Zip Country

24 **33257** 25

Zip Country

29 **33257** 30

9. Name and Address of Current Registered Agent

**COWAN, ALIDA**  
**8490 SW 83 ST**  
**MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name **SCOTT CHAS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**15200 SW 288 ST, Suite 312**  
83  
84 City **Homestead** FL 85 Zip Code **33033**

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)

DATE

**4/19/99**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-99 305 841-4637**

Date

Daytime Phone #

CR2E034 (11/98)

01/1/99