SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 30 AM 9:31

DOCUMENT # **M62174** **(1)**

1. Corporation Name
F & K HOMES CORPORATION

Principal Place of Business	Mailing Address
C/O FLAVIO CASTANEDA 200 ISLAND DR. KEY BISCAYNE, FL 33149	C/O FLAVIO CASTANEDA 200 ISLAND DR. KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1987
3a. Date of Last Report: 06/10/1994
4. FEI Number: 65-0019132 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

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

8. Name and Address of Current Registered Agent

CASTANEDA, FLAVIO
200 ISLAND DRIVE
KEY BISCAYNE FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 [illegible] (All)

12. OFFICERS AND DIRECTORS		13.	☐ Change ☐ Addition
TITLE	VPD	11 TITLE	
NAME	CASTANEDA, FLAVIO	12 NAME	
STREET ADDRESS	200 ISLAND DRIVE	13 STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	CASTANEDA, SIXTINO	22 NAME	
STREET ADDRESS	200 ISLAND DR.	23 STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE, FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	CASTANEDA, CAROLINA	32 NAME	
STREET ADDRESS	200 ISLAND DR.	33 STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE, FL	34 CITY ST ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	CASTANEDA, MILAGROS	42 NAME	
STREET ADDRESS	200 ISLAND DR.	43 STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE, FL	44 CITY ST ZIP	
TITLE	VS	51 TITLE	☐ Change ☐ Addition
NAME	FLAVIA, CASTANEDO	52 NAME	
STREET ADDRESS	200 ISLAND DR	53 STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. (16) I 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)(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.

SIGNATURE: [signature] FLAVIO CASTANEDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-95 (305) 361-3377
Date (Area Code & Daytime Phone Number)

CP