

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M62174**

(1)

1. Corporation Name

F & K HOMES CORPORATION



Principal Place of Business

**C/O FLAVIO CASTANEDA
200 ISLAND DR.
KEY BISCAYNE, FL 33149**

Mailing Address

**C/O FLAVIO CASTANEDA
200 ISLAND DR.
KEY BISCAYNE, FL 33149**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CASTANEDA, FLAVIO
200 ISLAND DRIVE
KEY BISCAYNE FL 33143**

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 607.0702 and 607.1504, 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, thereby accept the appointment as registered agent. I am familiar with, and I accept the duties of, Section 607.0704, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

**VPD
CASTANEDA, FLAVIO
200 ISLAND DRIVE
KEY BISCAYNE FL**

[] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**SD
CASTANEDA, SIXTIND
200 ISLAND DR.
KEY BISCAYNE, FL**

[] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**TD
CASTANEDA, CAROLINA
200 ISLAND DR.
KEY BISCAYNE, FL**

[] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**VPD
CASTANEDA, MILAGROS
200 ISLAND DR.
KEY BISCAYNE, FL**

[] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**VS
FLAVIA, CASTANEDD
200 ISLAND DR
KEY BISCAYNE FL**

[] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**VS
FLAVIA, CASTANEDD
200 ISLAND DR
KEY BISCAYNE FL**

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**VS
FLAVIA, CASTANEDD
200 ISLAND DR
KEY BISCAYNE FL**

[] DELETE

13.

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

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6. TITLE

6. NAME

6. STREET ADDRESS

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7. TITLE

7. NAME

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7. CITY, ST, ZIP

8. TITLE

8. NAME

8. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

9. NAME

9. STREET ADDRESS

9. CITY, ST, ZIP

10. TITLE

10. NAME

10. STREET ADDRESS

10. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLAVIO CASTANEDA

3/10/96 305/301-3377

CR2E034 (12/95)