

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M72417** (2)

1. Corporation Name

HOME SERVICES, INC.

Principal Place of Business

**16345 W DIXIE HWY
STE 263
N. MIAMI FL 33160
US**

Mailing Address

**1515 NE 138TH ST
N. MIAMI FL 33161
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/11/1988

3a. Date of Last Report

08/03/1995

4. FEI Number

65-0032020

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

**OLIVERAS, CARLOS
1515 NE 138TH ST
N. MIAMI FL 33161**

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

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature is required when requested)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPT
OLIVERAS, CARLOS
1515 NE 138TH ST
N. MIAMI FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP

81 TITLE
82 NAME
83 STREET ADDRESS
84 CITY-ST-ZIP

☐ Change ☐ Addition

91 TITLE
92 NAME
93 STREET ADDRESS
94 CITY-ST-ZIP

101 TITLE
102 NAME
103 STREET ADDRESS
104 CITY-ST-ZIP

☐ Change ☐ Addition

111 TITLE
112 NAME
113 STREET ADDRESS
114 CITY-ST-ZIP

121 TITLE
122 NAME
123 STREET ADDRESS
124 CITY-ST-ZIP

☐ Change ☐ Addition

131 TITLE
132 NAME
133 STREET ADDRESS
134 CITY-ST-ZIP

141 TITLE
142 NAME
143 STREET ADDRESS
144 CITY-ST-ZIP

☐ Change ☐ Addition

151 TITLE
152 NAME
153 STREET ADDRESS
154 CITY-ST-ZIP

161 TITLE
162 NAME
163 STREET ADDRESS
164 CITY-ST-ZIP

☐ Change ☐ Addition

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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS OLIVERAS

6/12/96

CR2E034 (12/95)