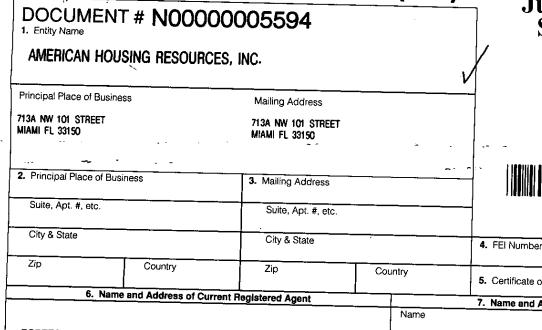
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000005594 1. Entity Name AMERICAN HOUSING RESOURCES, INC.

FILED Jul 24, 2002 8:00 am Secrétary of State

07-24-2002 90139 020 ****61.25



DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1115575 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent FORTES, LAZARO Street Address (P.O. Box Number is Not Acceptable) 713 A NW 101 ST **MIAMI FL 33150** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be-Make Check Payable to mln. will be \$236,25. Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE NAME [] Addition FORTES, LAZARO NAME STREET, ADDRESS 713A NW 101 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33150 CITY-ST-ZIP TITLE מע ☐ Delete TITLE NAME ☐ Change ☐ Addition AGUILAR, LESLIE L NAME STREET ADDRESS **713A NW 101 STREET** STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33150** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME CASTILLO, GUILLERMO Addition NAME STREET ADDRESS 8 TRANSYLVANNIA AVENUE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME AUROBA ARNAIZ, RENE ☐ Change ☐ Addition NAME STREET ADDRESS 713 NW 101 STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33150** CITY-ST-ZIP ☐ Delete TITLE name` ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: