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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30907 (2)
1. Corporation Name
HIS HOUSE, INC.



Principal Place of Business 7000 NW 53RD TERR MIAMI FL 33166	Mailing Address 7000 NW 53RD TERR MIAMI FL 33166-4804
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3. Date Incorporated or Qualified 02/26/1989	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business 21 20000 NW 47th Avenue Bldg. 22	2a. Mailing Address 22 20000 NW 47th Ave Bldg. 22
City & State 23 Opa-Locka, FL 33055	City & State 28 Opa-Locka, FL 33055
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0145994	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
CACERES-GONZALEZ JEAN
~~6695 SW 152 CT~~ **20000 NW 47th Avenue**
~~MIAMI FL 33193~~ **Bldg. 22**
Opa-Locka, FL 33055

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CACERES-GONZALEZ, JEAN	
STREET ADDRESS	6695 SW 152 CT 20000 NW 47th Ave	
CITY - ST - ZIP	MIAMI FL 33193 Bldg. 22	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CACERES, JULIE	
STREET ADDRESS	6956 WILLOW LANE 3807 Station Club Drive	
CITY - ST - ZIP	MIAMI-LAKES FL 33014 Marietta, GA 30060	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VELAZQUEZ, JOSE, JR.	
STREET ADDRESS	9011 SW 37TH AVENUE, #36	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ISMAEL, PIMIENTA	
STREET ADDRESS	4751 S.W. 142 COURT 7010 SW 106 Plac	
CITY - ST - ZIP	MIAMI FL 33175 Miami, FL 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - 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 - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeannette Caceres Gonzalez* 1/28/97 (305) 430-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (9/96)