FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 14 AM 10:08

DOCUMENT # P92000001313 (5)

1. Corporation Name
THE NOBLE GROUP, INC.

Principal Place of Business	Mailing Address
300 SUNRISE DRIVE #1A KEY BISCAYNE FL 33149 US	300 SUNRISE DRIVE #1A KEY BISCAYNE FL 33149 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 08/15/1994
4. FEI Number: 65-0399720 — 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

2. Principal Place of Business: 21 3011 S.W. 77 PL.	2a. Mailing Address: 26 3011 SW 77 PL
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27 ~~MIAMI~~
City & State: 23 MIAMI, FL	City & State: 28 MIAMI, FL
Zip: 24 33155 — County: 25 DADE / US	Zip: 29 33155 — Country: 30 US

9. Name and Address of Current Registered Agent

FREYRE, IVAN CARLOS
300 SUNRISE DRIVE
#1A
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: FREYRE, JUAN CARLOS
82 Street Address (P.O. Box Number is Not Acceptable): 3011 SW 77 PL
83
84 City: MIAMI, FL — FL — 85 Zip Code: 33149

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] Director — 9 June 95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREYRE, JUAN CARLOS
STREET ADDRESS	3011 SW 77 PL
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	FREYRE, ANDRE E
STREET ADDRESS	3011 SW 77 PL
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ 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 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] Juan Carlos Freyre, Director — 9 June 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0162044 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $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

DOCUMENT # **P92000002563 (4)**

1. Corporation Name

FOREVER HOMES, INC.

Principal Place of Business	Mailing Address
1760 MITCHELL CT. DAYTONA BEACH FL 32124	1760 MITCHELL CT. DAYTONA BEACH FL 32124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1992
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business	2a. Mailing Address
21 1 Florida Park DR. So.	26 1 Florida Park DR. So.
Suite, Apt. #, etc. 22 Suite 114	Suite, Apt. #, etc. 27 Suite 114
City & State 23 Palm Coast Fl.	City & State 28 Palm Coast, Fl.
Zip 24 32137	Zip 29 32137
County 25 Flagler	County 30 Flagler

4. FEI Number: 59-3152761 ☐ 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	10. Name and Address of New Registered Agent
NUNEZ, J L 1760 MITCHELL CT. DAYTONA BEACH FL 32134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1 Florida Park Drive South, S-114 83 Palm Coast, Fl. 84 City: FL 85 Zip Code: 32137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE		☒ Change ☐ Addition
NAME	NUNEZ, JOAQUIN L.	12 NAME		
STREET ADDRESS	1760 MITCHELL CT.	13 STREET ADDRESS	1 Florida Park Drive, South	
CITY-ST-ZIP	DAYTONA BEACH FL	14 CITY-ST-ZIP	Suite 114 Palm Coast, Fl. 32137	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		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. 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)(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: _____ 6-10-95 904-446-5812
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #

000802 CP