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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000009877 (1) DOCUMENT

HOMECO CONSTRUCTION, INC. Principal Place of Business Mailing Address 341 SW 135 AVE PO BOX 652137 MIAMI FL 33265-2137 DO NOT WRITE IN THIS SPACE MIAMI FL 33184 3. Date Incorporated or Qualified 12/08/1992 Applied For 2. Principal Place of Business 28. Mailing Address 4. FEI Number 21 65-0377134 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name AMADOR, ABEL 341 SW 135TH AVE Street Address (P.O. Box Number is Not Acceptable) 4 **MIAMI FL 33184** 83 84 City Zip Code Fl 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE PARRA, ARMANDO JR NAME 1.2 NAME 5801 SW 74 TERRACE #12 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE AMADOR, ABEL 2.2 NAME NAME PO BOX 652137 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-SY-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

SIGNATURE:

STREET ADDRESS

14. I hereby certify that the information supplied with this filing document indicated on this annual report or supplemental annual report is officer or director of the corporation of the receiver or trustee en Block 12 or Block 13 if changed or on an attachment with an additional control of the receiver or trustee.

6.3 STREET ADDRESS

4-2-98 (305) 271-1225

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath, that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Apr 13 1998 8:00am

Secretary of State

CR2E034 (10/97