## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000018155 (0)

MONTARA HOMES, INC.

Principal Place of Business Mailing Address						†		H IIOOF OHO	
7660 SW 53R MIAMI FL 331		3251 SW 16 LN MIAMI FL 33145-1809 US	MIAMI FL 33145-1809						
						3. Date Incorporated or Qualified 03/08/1993	3a. Date 05/01		eport
2. Principal I	Piace of Business	2a. Mailing Address	many			4. FEI Number 65-0406851	Applied For Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.	·			5. Certificate of Status Desired			
City & Sta	ite	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip <b>24</b>	Country 25					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Reg	istered Ag	ent	
DÉ	LA CAMPA, GABRIEL			81	Name				
3251 SW 16 LN MIAMI FL 33145				82	Street Addre	ss (P.O. Box Number is Not Acceptable	6)	<del></del>	
1110	um 1 5 00 1 10			83					
				84	City				Code
office or	t to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the o	State of Florida. Such change wa	is authorize	d by	the corporation	oration submits this statement for the pron's board of directors. I hereby accep	urpose of ch	langing it Iment as	s registered registered
SIGNATURE									
	Signature, typed or printed name of registers			d Age	nt signature require	· · · · · · · · · · · · · · · · · · ·	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	DE LA CAMBA CARRIEL	☐ DELETE	1.1 Ti				L	Change	Addition
NAME	DE LA CAMPA, GABRIEL		1.2 N	1.2 NAME					
STREET ADDRESS			1.3 S	1.3 STREET ADDRESS					
CITY - ST - ZIP	MIAMI FL	- DELETE		ITY - S	T-ZIP			1 &	1 4 4 492
TITLE	DELI						Ļ.	Change	Addition
NAME			2.2 N						
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TITLE		ריין טניננונ	3.1 10				L	) Change	Addition
NAME DIRECT ASSESSOR			3.2 N		4 h h h h h h h				
STREET ADDRESS					ADDRESS				
CITY-ST-ZiP TITLE		☐ DELETE	3.4. C	ITY - S	1- ZIP			Change	Addition
NAME		become	4.21				<b>L.</b>	) Onlingo	L. Addition
			B		1000ccc				
STREET ADDRESS CITY-ST-7IP					ADDRESS				
TITLE		☐ DELETE	4.4 U	TLF	1-2117			Change	Addition
NAME		o.ren	5.2 N				-	, cinity	
STREET ADDRESS					ADDRESS				
			*						
CITY-ST-ZIF TITLE		DELETE	5.4 C 6.1 T	TY - S	1-2 Y			Change	Addition
NAME		had cetall	6.2 N				<b>L</b>	, o, ongo	
STREET ADDRESS			1		ADDRESS				
PITY ST. 7IP			- 1	INCEI ITV 61					

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 607, Florida Statutes, and that my name

SIGNATURE:

appears in Block 12 or Block

NATURE AND TYPED OF DEINIED NAME OF SIGNING OFFICER OF DIRECTOR

1797

9446-5056

**FILED** 

Jan 22 1997 8:00am

Secretary of State