

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000023362 (5)**

1. Corporation Name  
**DELUXE HOMES, INC.**



Principal Place of Business: **7108 S.W. 127TH PLACE MIAMI FL 33183**  
Mailing Address: **7108 S.W. 127TH PLACE MIAMI FL 33183**

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25  
2a. Mailing Address  
26 **DELUXE HOMES, INC.**  
Suite, Apt. #, etc.  
27 **4321 SW 154 PLACE**  
City & State  
28 **MIAMI, FL.**  
Zip  
29 **33185**  
Country  
30 **U.S.A.**

3. Date Incorporated or Qualified: **03/26/1993**  
3a. Date of Last Report: **02/14/1995**  
4. FEI Number: **65-0407274**  
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**

**GONZALEZ-PORTA, RICARDO  
7108 S.W. 127TH PLACE  
MIAMI FL 33183**

**10. Name and Address of New Registered Agent**

81 Name: **GONZALEZ-PORTA, RICARDO**  
82 Street Address (P.O. Box Number is Not Acceptable): **4321 SW 154 PLACE**  
83  
84 City: **MIAMI** FL 85 Zip Code: **33185**

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, typed or printed name of registered agent and date of appointment

Signature, typed or printed name of new registered agent and date of appointment

DATE

| 12. OFFICERS AND DIRECTORS |                                | DELETE                   |
|----------------------------|--------------------------------|--------------------------|
| TITLE                      | <b>PSDT</b>                    | <input type="checkbox"/> |
| NAME                       | <b>GONZALEZ-PORTA, RICARDO</b> |                          |
| STREET ADDRESS             | <b>7108 S.W. 127TH PLACE</b>   |                          |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                |                          |
| TITLE                      |                                | <input type="checkbox"/> |
| NAME                       |                                |                          |
| STREET ADDRESS             |                                |                          |
| CITY-ST-ZIP                |                                |                          |
| TITLE                      |                                | <input type="checkbox"/> |
| NAME                       |                                |                          |
| STREET ADDRESS             |                                |                          |
| CITY-ST-ZIP                |                                |                          |
| TITLE                      |                                | <input type="checkbox"/> |
| NAME                       |                                |                          |
| STREET ADDRESS             |                                |                          |
| CITY-ST-ZIP                |                                |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                | Change                              | Addition                 |
|---|--------------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE   | <b>PSDT</b>                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  | <b>GONZALEZ-PORTA, RICARDO</b> |                                     |                          |
| 1.3 STREET ADDRESS                                    | <b>4321 SW 154 PLACE</b>       |                                     |                          |
| 1.4 CITY-ST-ZIP                                       | <b>MIAMI, FL 33185</b>         |                                     |                          |
| 2.1 TITLE   |                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.2 NAME  |                                |                                     |                          |
| 2.3 STREET ADDRESS                                    |                                |                                     |                          |
| 2.4 CITY-ST-ZIP                                       |                                |                                     |                          |
| 3.1 TITLE   |                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.2 NAME  |                                |                                     |                          |
| 3.3 STREET ADDRESS                                    |                                |                                     |                          |
| 3.4 CITY-ST-ZIP                                       |                                |                                     |                          |
| 4.1 TITLE   |                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.2 NAME  |                                |                                     |                          |
| 4.3 STREET ADDRESS                                    |                                |                                     |                          |
| 4.4 CITY-ST-ZIP                                       |                                |                                     |                          |
| 5.1 TITLE   |                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.2 NAME  |                                |                                     |                          |
| 5.3 STREET ADDRESS                                    |                                |                                     |                          |
| 5.4 CITY-ST-ZIP                                       |                                |                                     |                          |
| 6.1 TITLE   |                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| 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: *Ricardo Gonzal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

CR2E034 (12/95)