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

P93000023362 (5)

DELLIVE HOMES INC

DELUXI	I HOMES, INC.				 	II ADIIA IIADA IIIAA MIIA AMIA IIIIA IIAI FURI
Principal Plac		Mailing Address			-j	
4928.W.154TH PLACE MIAMI FL 3318S		4321 SW 154 PLACE Miami FL 33185-5236 US				
					3. Date Incorporated or Qualified 03/26/1993	3a. Date of Last Report 04/05/1996
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26			4. FEI Number 65-0407274	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	Zip	Country		8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30	· · - · · · · · · · · · · · · · · · · ·] Yes No
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
	NZALEZ-PORTA, RICARDO		81 Na	ime		j
4321 SW 154TH PALCE MIAMI FL 33185			82 Sti	eet Addre	ess (P.O. Box Number is Not Acceptab	le)
			83	-~		
			84 Ci	y		85 Zip Code
44 Purcuost	to the provisions of Spelious 607 OL	27 and CO7 1600 Florida State	the the photo por	and corne	oration submits this statement for the p	FL 85 Zip code
office or r	egistered ag ent, or both, in the State	e of Florida. Such change was	authorized by the	corporation	on's board of directors. Thereby accep	of the appointment as registered
_	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statutes.			
SIGNATURE	Signature, typed or printed name of registered ag	erd and the if applicable (NC	OTF: Registered Agent sig	nature requirer	d when rehistation)	DAIL
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PSDT	DELETE	1.1 TITLE			Change Addition
NAME	Gonzalez-Porta, Ricardo		1.2 NAME			
STREET ADDRESS	4321 SW 154 PLACE		1.3 STREET ADDR	£SS		
CITY-ST-ZIP	MIAMI FL		1.4 CiTY - S1 - 73P			
TITLE		☐ DELETE	2 1 111LF			Change Addition
NAME			2.2 NAMI	-		
STREET ADDRESS			2.3 STREET ADDR	FSS		
CITY-ST-ZIP			2. 4 CITY - ST - 78	<u>- </u>		
TITLE		L DELETE	3.1 TO LE			L Change L Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDR	itss		
CITY - ST - ZIP			3.4. CHY - S1 - ZIF	<u> </u>		
TITLE		☐ DELETE	4.1 THE			Change Addition
NAME			4. 2 NAME		·	
STREET ADDRESS			4.3 STREET ADDR	l l		
CITY-ST-ZIP		Delete	4 4 CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 TITLE			L Change L Addition
NAME			5.2 NAME			ļ
STREET ADDRESS			5.3 STREET ADDR	ES\$		
CITY-ST-ZIP		DECEME	5.4 CITY-ST-ZIP			Channe
TITLE		☐ DLIETE	6.1 10 LE	-		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDR	ES\$		

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 eath; 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.

FILED

Mar 14 1997 8:00am

Secretary of State