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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Jan 30 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

OF EN HOMES INTERNATIONAL INCORPORATED

OLLIV HOMEO	MICHMANIONAL, II	NOOTH CHAILD						
Principal Place of Busines		Mailing Address				-	1 11 1 111 1 2 11 11 11 11	IETA JEDA FORS
9518 NW 8 AVE		BOX 70156						
PLANTATION FL 33324		FT LAUDERDALE FL 33307						
us us						DO NOT WRITE IN THIS	SPACE	-
						3. Date Incorporated or Qualified 04/14/1993		
2. Principal Place of Busi	ness	2a. Mailing Address				4. FEI Number	Α	Applied For
21		26				65-0401951		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & State		City & State				6. Election Campaign Financing		May Be
Zip Country		Zip Country			Trust Fund Contribution		to Fees	
24			30			 This corporation owes or has paid the corporation owes or has paid the corporation. Personal Property Tax due June 30. 		itangible □ No
	and Address of Curre				10. Name and Address of New Registered Agent			
OLEN, MILTON W JR				1	Name			
9518 NW 8 C			82 Street A		Street Address	ss (P.O. Box Number is Not Acceptable)		
PLANTATION			8		Sileel Addres	ss (F.O. Box Number is Not Acceptable)		
				_ _				
			8		City	F		Code
SIGNATURE	10 // M					ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing pointment as	its registered s registered
Signaliye type:	<u> </u>			gent	t signature required			
TITLE PD	OFFICERS AN	DELETE DELETE	13.		1	ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12
I	MILTON W. JR	UCLEIC	1.1 TITLE				L Change	L. Addition
STREET ADORESS BOX 70			1.2 NAME 1.3 STREET ADDRESS		nnorce			
	DEDALE FL		1.4 CITY-ST-ZIP					
TITLE		DELETE	2.1 TITLE		- Zn		Change	Addition
NAME			2.2 NAME					_
STREET ADDRESS			2.3 STREE		DDRESS			i
CITY-ST-ZIP			2, 4 CITY	- \$T-	- ZIP			
TITLE		☐ DELETE!	3.1 TITLE				Change	Addition
NAME		3.2 NAME						
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CITY - ST - ZIP			3.4. CITY	-ST-	- 2IP			
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAM	E				
STREET ADORESS			4.3 STREE	ET AC	DORESS			
CITY-ST-ZIP			4.4 CITY-		ZIP			
TITLE		☐ DELETE	5.1 TITLE				L Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY -		ZIP		Change	Addition
NAME		- Detet	6.1 TITLE 6.2 NAME				Oriente	noticed
STREET ADDRESS			6.3 STREE		nneree			
CITY-ST-ZIP			6.3 STREE					
14. I hereby certify that th	e information supplied w	ith this filing does not qualify for	or the exem	ptio	za etated in Se	ection 119.07(3)(i), Florida Statutes, I further c	ertify that the	e information
Indicated on this annu officer or director of th Block 12 or Block 13 i	ual report or supplementa ne corporation or the record f changed, or on applica-	annual report is true and accept of trustee empowered to	curate and the	hat	ray signature port as require	ection 119.07(3)(i), Fiorida Statutes. I further c shall have the same legal effect as if made u ed by Chapter 607, Florida Statutes; and that	nder oath; th my name ap	at I am an opears in