

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Division of Corporations

**APPROVED
AND
FILED**

MAY - 1 AM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039719 (8)

1. CORPORATION NAME

HOMENEX, INC.

Principal Place of Business

**11211 SW 203 TER
MIAMI FL 33189**

Mailing Address

**11211 SW 203 TER
MIAMI FL 33189**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1993

3a. Date of Last Report

04/01/1994

4. FET Number

65-0425378

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. 198.03, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Lat.

25

Longitude

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WOON, ERROL
11211 SW 203 TER
MIAMI FL 33189**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

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 607.0502, Florida Statutes.

SIGNATURE

(If filer is agent, corporation, or incorporated agent, this is void)

(If filer is registered agent, registration is void)

(Date)

12. OFFICERS AND DIRECTORS

12.1
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
WOON, ERROL
11211 SW 203 TER
MIAMI FL 33189**

12.2
NAME
STREET ADDRESS
CITY, ST, ZIP

12.3
NAME
STREET ADDRESS
CITY, ST, ZIP

12.4
NAME
STREET ADDRESS
CITY, ST, ZIP

12.5
NAME
STREET ADDRESS
CITY, ST, ZIP

12.6
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1
NAME
STREET ADDRESS
CITY, ST, ZIP

**T/S
LORNA A. WOON
11211 S.W. 203 TERRACE
MIAMI, FLORIDA 33189**

☐ Change ☒ Addition

13.2
NAME
STREET ADDRESS
CITY, ST, ZIP

**RICHARD D. GRAHAM
17805 S.W. 112TH COURT
MIAMI, FLORIDA 33157**

☐ Change ☒ Addition

13.3
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

13.4
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

13.5
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

13.6
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the requirements stated in the laws of the State of Florida. I further certify that the information is filed on this annual report or supplemental annual report or both and is made 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 of this report or on an attachment with an address.

SIGNATURE:

Lorna A. Woon **LORNA A. WOON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (305) 233-4421