CORPORATION ANNUAL REPORT AMENDED 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000039719

1. Name and Mailing Address of Corporation:

HOMENEX, INC.
11211 S.W. 203 Terrace
Miami, FL 33189

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE $200.00 | ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE | MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 5/28/93
3a. Date of Last Report: 1996
4. FEI Number: 65-0425378 | Applied For | Not Applicable
5. Certificate of Status Desired: ☐ $8.75
6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☐ $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Mailing Address: 11211S.W. 203 Terrace
Suite, Apt. #, etc.:
City & State: Miami, FL
Zip: 33189 Country: Dade

2a. Principal Place of Business: 11211 S.W. 203 Terrace
Suite, Apt. #, etc.:
City & State: Miami, FL
Zip: 33189 Country: Dade

9. Name and Address of Current Registered Agent:

ERROL WOON
11211 S.W. 203 Terrace
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 | 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
Registered Agent for above Appointment

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	President	1.1 TITLE	
1.2 NAME	LORNA ANN WOON	1.2 NAME	
1.3 ADDRESS	11211 SW 203 Terrace	1.3 ADDRESS	
1.4 CITY-ST-ZIP	Miami, FL 33189	1.4 CITY-ST-ZIP	
2.1 TITLE	Vice-President	2.1 TITLE	
2.2 NAME	ERROL WOON	2.2 NAME	
2.3 ADDRESS	11211 S.W. 203 Terrace	2.3 ADDRESS	
2.4 CITY-ST-ZIP	Miami,FL 33189	2.4 CITY-ST-ZIP	
3.1 TITLE	Secretary	3.1 TITLE	
3.2 NAME	LORNA ANN WOON	3.2 NAME	
3.3 ADDRESS	11211 SW 203 Terrace	3.3 ADDRESS	
3.4 CITY-ST-ZIP	Miami, FL 33189	3.4 CITY-ST-ZIP	
4.1 TITLE	Treasurer	4.1 TITLE	
4.2 NAME	LORNA ANN WOON	4.2 NAME	
4.3 ADDRESS	11211 S.W. 203 Terrace	4.3 ADDRESS	
4.4 CITY-ST-ZIP	Miami, FL 33189	4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Lorna Ann Woon President DATE 7/23/96

Name and Type of Signer: LORNA ANN WOON | Title(s): PRESIDENT | Daytime Telephone Number