

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 1:51

DOCUMENT # P93000058809 (3)

1. Corporation Name

MARBELLA HOME DEVELOPERS, INC.

Principal Place of Business

**C/O MARCIA B. CABALLERO, ESQ.
2450 SOUTHWEST 137TH AVE., SUITE 221
MIAMI FL 33175**

Mailing Address

**C/O MARCIA B. CABALLERO, ESQ.
2450 SOUTHWEST 137TH AVE., SUITE 221
MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-1032804

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

10. Name and Address of New Registered Agent

**MARTIN LAVELLE, ANA
2450 SW 137TH AVE
SUITE 221
MIAMI FL 33175**

81 Name

CABALLERO, MARCIA B.

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

2450 SW 137TH AVENUE

83

SUITE 221

84 City

MIAMI

FL

85 Zip Code

33175

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

(NOTE: Registered Agent signature required when terminating)

11/19/95
DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

RODRIGUEZ, JOSE

STREET ADDRESS

6390 SW 114TH AVE

CITY - ST - ZIP

MIAMI FL 33175

11511 SW 143 CT

MIAMI FL 33186

TITLE

DVS

NAME

GONZALEZ, FRANCISCO

STREET ADDRESS

11511 SW 143RD CT

CITY - ST - ZIP

MIAMI FL

11500 SW 143 CT

MIAMI FL 33186

TITLE

DI

NAME

JIMENEZ, JORGE J

STREET ADDRESS

6390 SW 114TH AVE

CITY - ST - ZIP

MIAMI FL 33175

14330 SW 114 TERRIL

MIAMI FL 33186

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

DP

2. NAME

RODRIGUEZ, JOSE

3. STREET ADDRESS

11511 SW 114TH AVENUE

4. CITY - ST - ZIP

MIAMI, FL 33186

☒ Change ☐ Addition

5. TITLE

DVS

6. NAME

GONZALEZ, FRANCISCO

7. STREET ADDRESS

11500 SW 143RD COURT

8. CITY - ST - ZIP

MIAMI, FL 33186

☐ Change ☐ Addition

9. TITLE

DI

10. NAME

JIMENEZ, JORGE J.

11. STREET ADDRESS

14330 SW 114TH TERRACE

12. CITY - ST - ZIP

MIAMI, FL 33186

☒ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

☐ Change ☐ Addition

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

☐ Change ☐ Addition

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

☐ Change ☐ Addition

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 116.07(3)(b), 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:

Jose Rodriguez

Jose Rodriguez

2-21-95

354-9878

SIGNATURE AND TYPE OF PRINTED NAME OF FORMING OFFICER OR DIRECTOR

(Date)

(Telephone Number)