FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90004 013 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1. Corporation	NIEINI # P93000	105880 <del>9</del>			
•	LA HOME DEVELOPERS, I	NC.			
IVW II IDEE	ENTIONE DETECTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A MARKINI PAR I I DELLA COLOR DELLA CARRA CA	
Principal Place	e of Business	Mailing Address			7 <b>8</b> (18) 18101   6:11 83110 10:11 1301
11511 SW 143	СТ	11511 SW 143 CT			
MIAMI FL 33185	5 '	MIAMI FL 33185		DO 1107 1170177 (117) 116	0.004.05
US	•	US		DO NOT WRITE IN THIS  3. Date incorporated or Qualifed	SPACE
				08/23/1993	
a Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Principal Pi	ace of business	26		65-1032804	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	***************************************		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	<del>-</del>	City & State	• -	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25		30	Personal Property Tax.	Yes □No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
LOR	ENZO & CAPUA		01 Name	·	
9192 CORAL WAY			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
STE 201			83	<del></del>	
	WI FL 33165				
			84 City	Fi	85 Zip Code
14 Pursuant	to the provisions of Sections 607 050	22 and 607.1508. Florida Statute	s. the above-named c	ornoration submits this statement for the numose of	f changing its registered
l office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	ithorized by the corpor	ration's board of directors. I hereby accept the appo	intment as registered
_	in laminar with, and accept the conge	mona on coolien con locol, non	du Otatatoo.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature res		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JIMENEZ, JORGE J		1.2 NAME		
STREET ADORESS	11511 SW 1430 CT		1.3 STREET ADDRESS	(	
CITY-ST-ZIP	MIAMI FL 33185	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE		. CJ DECE IE	2.1 TILE 2.2 NAME		
NAME			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE .	3.1 TITLE	and the second control of the second control	· Change Addition
NAME	·		3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS	•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	•	
TITLE	-	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
C/TY-ST-ZIP	,		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	ŧ.	
STREET ADDRESS	•		5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	<del></del>	5.4 CITY-ST-ZIP		Change Addus.
TITLE	·	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1 .		6.2 NAME		

14. I 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

305-408-1731