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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000081042 (2) DOCUMENT #

1. Corporation Name

	HOMEO	MAC
II.N.A.	HOMES.	INU.

U-N-A- F										
Principal Place o	of Business	Mailing Address	ALIFAMIF							
2655 COLLINS UNIT 2202	AVENUE	2655 COLLINS UNIT 2202	AYENUE							
MIAMI BEACH FL 33140		MIAMI BEACH	MIAMI BEACH FL 33140		Date Incorporated or Qualified 11/18/1993	d 3a. Date of Last Report 02/13/1995				
	(D)	2a. Mailing Addre	188			4, FEI Number	_1 		pplied For	
2. Principal Place of Business		· · · ·	26			65-0461669			Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #.	€tc.			5. Certificate of Status Desired	[]	4 • • • •	Additional equired	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		4 • · · · ·	May Be to Fees	
23 Zip	Country	28 Zip	}ı	ountry		This corporation has liability for	intangible ta No	x under s	199.032,	
24	25	[29]	30			10. Name and Address of New F		Agent		
	9. Name and Address of Curi	ent Hegistered Agent		81	Narne					
OVEN D. II	WO.			82	Ctrust Add	ress (P.O. Box Number is Not Acceptat				
	SKRLD INC. 201 ALHAMBRA CIRCLE			82	Street Add	1855 (F.O. DOX 143/1150-10 145)				
SUITE 1				83						
	GABLES FL 33134			84	City		FL	85 Zip	Code	
or register familiar wit SIGNATURE	ed agent, or both, in the State of Fith, and accept the obligations of, S	ection 607.0505, Florida	Statutes	·		ration submits this statement for the purific of directors. I hereby accept the appearance of the purific that the properties of the purific that the properties of the purific that the properties of the purific that the purific	- CIÁT:			
12.		AND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OF		D DIRECTO	Add tion	
TILE	PD	□ DE	LETE 1.	1 TIFLE				[_] Change		
NAME	URIBARRI, MAGALI C			2 NAMÉ	1				ļ	
STREET ADDRESS	2655 COLLINS AVENUE,	12202			E ADDRESS					
CITY - S1 - 7/P	MIAMI BEACH FL			4 CITY				[] Change	Addition	
1010 E	VP\$	DE		1 TITLE 2 NAME	Ì				ļ	
NAME	URIBARRI, JUAN C 2655 COLLINS AVENUE,	#2202	I -		T ADDRESS					
STREET ADDRESS	MIAMI BEACH FL	72202	1 -	4 CITY	1					
City St-Ziv	TD	רו		1 TITLE				☐ Change	☐ Addition	
TITLE	NEGRIN, MARIA E		3	2 NAME						
NAME STREET ADDRESS	2655 COLLINS AVENUE,	#220 2	3	3 STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33140			4 CITY	-\$1 - 7/F			F7 Chacco	Addition	
THEF		□ Di	LETE 4	1 TiTul				☐ Change	☐ vonition	
NAME				2 NAMI						
STREET ADDRESS			4	13 STRE	ET ADDRES :					
CITY-ST 76					-S1-7P			Change	Addit on	
7.7.5		[10	ELETÉ !	5 1 117:	·					

14. I do hereby certify that the information surplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or or an attachment with an address.

5.2 NAME

6 1 1 II LF

62 NAME

5 3 STREET ADURESS

63 STREET ADDRESS

64 C(TY - ST - Z P

54 CITY - ST - ZIP

SIGNATURE:

THE

NAME

THLE

NAME

STREET ADDRESS

STREET ADDRESS

CON-SI-ZIE

Ri BABA SIGNING OFFICER OR DIRECTOR

DELFTE

(305) 672-3322

Change Addition