

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

94 JUN 28 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



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

DOCUMENT # P93000082591 (7)

1. Corporation Name
EDP HOMES, INC.

Mailing Address
5890 WEST 20TH AVENUE
HIALEAH FL 33016

Principal Place of Business
5890 WEST 20TH AVENUE
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report

4. FEI Number
65-0454089

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

6. Election Campaign
Financing Trust
Fund Contribution ☐

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address

2a. Principal Place of Business

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

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 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST- ZIP

D
PANDO DOMINGO
% 5200 BLUE LAGOON DR. SUITE 700
MIAMI FL 33126

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST- ZIP

D
PANDO EMILIO
% 5200 BLUE LAGOON DR. SUITE 700
MIAMI FL 33126

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST- ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
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5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST- ZIP

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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 119.03, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or in an attachment with an address.

SIGNATURE:

Domingo Pando

PRESIDENT

06/24/94 (305) 362-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR