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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000082828 (3)

1. Corporation Name
RELATED HOMESTEAD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**2828 CORAL WAY
PH SUITE
MIAMI FL 33145** **2828 CORAL WAY
PH SUITE
MIAMI FL 33145**

3. Date Incorporated or Qualified 12/02/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0453789	Applied For This Corporation
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. Suite, Apt. # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**WOLFE, LEON J
%VALDES-FAULI, COBB, BISCHOFF & KRISS P.A.
TWO S BISCAYNE BLVD, SUITE 3400
MIAMI FL 33131**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature of the current name of registered agent and the date of signature _____
Signature of the new registered agent (signature required if not the same) _____

12. OFFICERS AND DIRECTORS	
TITLE DS	PEREZ, JORGE M 2828 CORAL WAY, PH SUITE MIAMI FL
TITLE VP	COHEN, GARY 2828 CORAL WAY, PH SUITE MIAMI FL
TITLE VP	HAMMON, MICHAEL 2828 CORAL WAY, PH MIAMI FL
TITLE AS	HERNANDEZ, ANGEL A 2828 CORAL WAY, PH MIAMI FL
TITLE AS	RODRIGUEZ, RICHARD 2828 CORAL WAY, PH MIAMI FL
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

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3/24/95

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 191.01(2)(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 as an attachment with an addition.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCELO A. ALVAREZ, J.P.

3/21/95 (300) *460-9900*