

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000082965 (3)

1. Corporation Name
BIG FIVE HOMES, INC.



Principal Place of Business: **901 S.W. 69TH AVE. MIAMI FL 33144**
Mailing Address: **901 S.W. 69TH AVE. MIAMI FL 33144**

3. Date Incorporated or Qualified: **12/02/1993**
3a. Date of Last Report: **03/13/1995**
4. FEI Number: **65-0461838**
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

2. Principal Place of Business: **21 9360 Sunset Drive**
Suite, Apt. #, etc: **22 291**
City & State: **23 Miami, Florida**
Zip: **24 33173** Country: **25 USA**
2a. Mailing Address: **26 9360 Sunset Drive**
Suite, Apt. #, etc: **27 291**
City & State: **28 Miami, Florida**
Zip: **29 33173** Country: **30 USA**

9. Name and Address of Current Registered Agent
**MIAMI CORPORATE SYSTEMS INC.
5200 BLUE LAGOON DR.
SUITE 700
MIAMI FL 33126**

10. Name and Address of New Registered Agent
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, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ JESUS	
STREET ADDRESS	11830 S.W. 24TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINO, SERGIO	
STREET ADDRESS	901 S.W. 69TH AVE.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELGADO JUAN	
STREET ADDRESS	7380 S.W. 24TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
12 NAME	GIL, AUGUSTO J.	
13 STREET ADDRESS	9360 Sunset Drive, #291	
14 CITY-ST-ZIP	Miami, Florida 33173	
2. TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PINO, SERGIO	
23 STREET ADDRESS	901 S.W. 69th Avenue	
24 CITY-ST-ZIP	Miami, Florida 33144	
3. TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	GIL, ALEX	
33 STREET ADDRESS	9360 Sunset Drive, #291	
34 CITY-ST-ZIP	Miami, Florida 33173	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 119.07(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 oath; that I am an officer or director of the corporation or its 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: **Augusto J. Gil, President** **598-4002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)