

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P94000004792 (5)**

1. Corporation Name

**LAKE CHARLESTON HOMES CORPORATION**



Principal Place of Business

**801 BRICKELL AVENUE  
24TH FLOOR  
MIAMI FL 33131**

Mailing Address

**801 BRICKELL AVENUE  
24TH FLOOR  
MIAMI FL 33131**

3. Date Incorporated or Qualified  
**01/20/1994**

3a. Date of Last Report  
**09/10/1995**

2. Principal Place of Business  
21 **1 SE 3rd Avenue**

2a. Mailing Address  
26 **1 SE 3rd Avenue**

4. FEI Number  
**65-0472593**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **27th Floor**

Suite, Apt. #, etc.  
27 **27th Floor**

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

City & State  
23 **Miami, FL**

City & State  
28 **Miami, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
24 **33131**

Country

Zip  
29 **33131**

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
801 BRICKELL AVENUE  
24TH FLOOR  
MIAMI FL 33131**

81 Name  
**American Information Services, Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1 SE 3rd Avenue**  
83 **27th Floor**  
84 City  
**Miami**  
85 FL Zip Code  
**33131**

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

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
FONSECA, CHRISTIANO G  
801 BRICKELL AVENUE, 24TH FLOOR  
MIAMI FL 33131** ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**XX Change ☐ Addition  
1 SE 3rd Avenue, 27th Floor  
Miami, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
MOACYR, MARCELO PEDRO  
801 BRICKELL AVENUE, 24TH FLOOR  
MIAMI FL 33131** ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**XX Change ☐ Addition  
1 SE 3rd Avenue, 27th Floor  
Miami, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition  
**800001812368  
-05/08/96--01006--003**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition  
**\*\*\*200.00**

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 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCELO MOACYR, VICE PRESIDENT 407-968-2683**

**APR 29/1996**

Daytime Phone #

CR2E034 (12/95)