

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 # **P94000008917 (4)**

1. Corporation Name

HOMESTEED INTERNATIONAL, INCORPORATED



Principal Place of Business

**7725 SW 171ST TERRACE
MIAMI FL 33157**

Mailing Address

**7725 SW 171ST TERRACE
MIAMI FL 33157**

2. Principal Place of Business

2a. Mailing Address

21 **17300 SW 246th ST**

26 **17300 SW 246th ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **HOMESTEAD, FL**

28 **HOMESTEAD, FL**

Zip

Country

Zip

Country

24 **33031**

25 **U.S.A.**

29 **33031**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**JENSEN, JANE
17300 SW 246TH ST.
HOMESTEAD FL 33031**

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

Jane Jensen **JANE JENSEN**

12. OFFICERS AND DIRECTORS

TITLE	M	☐ DELETE
NAME	JENSEN, JANE	
STREET ADDRESS	17300 SW 246TH ST.	
CITY - ST - ZIP	HOMESTEAD FL 33031	
TITLE	S	☐ DELETE
NAME	JENSEN, CAROLINE W	
STREET ADDRESS	17300 SW 246TH ST.	
CITY - ST - ZIP	HOMESTEAD FL 33031	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 on an attachment with an address.

SIGNATURE:

Jane Jensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1996 305-248-0274
Date: Daytime Phone #

CR2E034 (12/95)