


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. McMath Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000017140 (2)**

1. Corporation Name  
**BRIGHTON HOMES DEVELOPMENT, INC.**



Principal Place of Business <b>815 NORTH RED ROAD STE. 400 MIAMI FL 33126</b>	Mailing Address <b>815 NORTH RED ROAD STE. 400 MIAMI FL 33126</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7200 NW 7th STREET</b>	2a. Mailing Address 26 <b>7200 NW 7th ST.</b>
Suite, Apt. #, etc. 22 <b>3rd FLOOR</b>	Suite, Apt. #, etc. 27 <b>3rd FLOOR</b>
City & State 23 <b>MIAMI, FL</b>	City & State 28 <b>MIAMI, FL</b>
Zip 24 <b>33126</b>	Zip 29 <b>33126</b>
Country 25	Country 30

3. Date Incorporated or Qualified <b>03/04/1994</b>
4. FEI Number <b>65-0471913</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LEOPOLD, NORMAN  
20801 BISCAYNE BLVD.  
N. MIAMI BEACH FL**

10. Name and Address of New Registered Agent

81 Name <b>LOUIS O. GONZALEZ</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7200 NW 7th STREET</b>
83 <b>3rd FLOOR</b>
84 City <b>MIAMI, FL</b> 85 Zip Code <b>33126</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE **3/9/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GONZALEZ, LOUIS O 815 N. RED ROAD STE. 400 MIAMI FL 33126</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, LESLIE G 815 N. RED ROAD STE. 400 MIAMI FL 33126</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RAMOS, LIZA G 815 N. RED ROAD STE. 400 MIAMI FL 33126</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD LOUIS O. GONZALEZ 7200 NW 7th ST., 3rd FLOOR MIAMI, FL 33126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VT LESLIE SMITH 7200 NW 7th ST. MIAMI, FL 33126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>V LISA RAMOS 7200 NW 7th ST. MIAMI, FL 33126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>VT DON SMITH 7200 NW 7th ST. MIAMI, FL 33126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* President 2/18/98

CR2E034 (10/97)