PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000017140

1. Corporation Name

BRIGHTON HOMES DEVELOPMENT, INC.

FILED
Apr 26, 1999 8:00 am
Secretary of State
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04-26-1999 90128 048 ***150.00



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Principal Flace	e of Business	Mailing Address				Commission of the same and the same					
7200 NW 7TH STRET 7200 NW 7TH ST											
3RD FLOOR			3RD FLOOR			DO NOT WIDITE IN THIS COACE					
Miami FL 33126 US	MIAMI FL 33126 US				DO NOT WRITE IN THIS SPACE 3. Date I reorporated or Qualifed						
US		00				03/04/1994					
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number			Appl	lied For	
21		26				65-0471913				Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
22 City & State		City & State				6. Election Campaign Financing		\$5	00	lay Be	
⊢ ′	e	28				Trust Fund Contribution			ded to	•	
23	Country		Zip Country			8. This corporation owes the current year Intangible					
	25	29	30	•					Yes ∃No		
24	9. Name and Address of Cu		_ 1991	1		10. Name and Address of New Re	gistered /	Agent			
	3. Hallie alla Hallies	<u> 1</u>		81	Name						
GON	izalez, louis o										
7200	NW 7TH STREET			82	Street Add	lress (P.O. Bo): Number is Not Acceptab	ie)				
3RD	FLOOR			83					—		
	AI FL 33126							_			
				84	City		FL	85	Zip Co	ode	
						ties as busing this atotoment for the p		changin	o ite i	egictered	
l office or n	to the provisions of Sections 607 egistered agent, or both, in the Si m familiar with, and accept the ob	tate of Florida. Such change wa	is authorize	d by i	the corporat	poration submits this statement for the p ion's board of directors. I hereby accept	the appoin	itment a	as regi	stered	
SIGNATURE								_			
01010112	Signature, typed or printed name of registered	d agent and little if applicable. (N	OT E: Registere	d Agen	t signature requir	ed when reinstating)	DATE				
12.		S ANI) DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AN				
TITLE	PD	☐ DELETE	1.1 7	ITLE				☐ Cha	inge	Addition	
NAME	GONZALEZ, LOUIS O		1.21	AME							
STREET ADDRESS	7200 NW 7TH ST., 3RD FL	00R	1.3 8	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33126		1.4 0	my-st	-ZIP						
TITLE	VT	☐ DELETE 2			Į.			Cha	inge	☐ Addition	
NAME	SMITH, LESLIE G		2.2 1	IAME							
STREET ADDRESS	7200 NW 7TH ST		2.3 5	TREET	ADDRESS						
CITY-ST-ZIP	MIĀMI FL 33126	*	2.4	CITY-S	T-ZIP						
TITLE	D	☐ DELETE	3.1 1	TILE		-		☐ Cha	ange	Addition	
NAME	RAMOS, LIZA G		3.2 1	LAME							
STREET ADDRESS	7200 NW 7TH ST		3.3 8	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33126		3.4.	CITY-S	T-ZIP						
TITLE	VT	☐ DELETE		TLE				Cha	inge	Addition	
NAME	SMITH, DON		4. 2	NAME						Ì	
STREET ADDRESS	TOOK ANAL TELL OF		4.3.5	TREET	ADDRESS					-	
	MIAMI FL 33126			CITY-SI	1						
TITLE		DELETE		TLE	-			☐ Cha	inge	Addition	
NAME				IAME							
1 '					ADDRESS						
STREET ADDRE 3S			1) Y-S1							
CITY-ST-ZIP				ITLE				☐ Cha	inge .	Addition	
TITLE		C AFFELE		AME	Į .				•	_	
NAME					ADDRESS						
STREET ADDRESS			0.3 3	11 INC. 01	T ZID						

14. Thereby 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 attach nent with an address, with a lother like empowered.

SIGNATURE:

RE AND TYPED ON FRATED NAME OF SIGNING OFFICEF OR DIRECTOR

262-6100