

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

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # P94000021425 (1)**

1. Corporation Name  
**SAN DIEGO HOMES, INC.**



Principal Place of Business

**14350 SW 172 ST.  
MIAMI FL 33177  
US**

Mailing Address

**13727 SW 152ND ST.  
#104  
MIAMI FL 33177-1108  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**03/16/1994**

3a. Date of Last Report

**04/23/1996**

4. FEI Number

**65-0506251**

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

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

Signature, typewritten per the name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**1** ☐ DELETE  
TITLE **D**  
NAME **PINO, SERGIO**  
STREET ADDRESS **C/O 901 SW 89TH AVE.**  
CITY-ST-ZIP **MIAMI FL**

**2** ☐ DELETE  
TITLE **D**  
NAME **JAIME, CAMILO**  
STREET ADDRESS **C/O 901 SW 89TH AVE.**  
CITY-ST-ZIP **MIAMI FL**

**3** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**4** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**5** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**6** ☐ DELETE  
TITLE  
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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES.**

**254-8696**

Date

Daytime Phone #

CR2E034 (9/96)