

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P94000064394 (7)**

1. Corporation Name

**LA JOLLA HOMES, INC.**



Principal Place of Business

**9001 SW 68 TERR  
MIAMI FL 33173**

Mailing Address

**9001 SW 68 TERR  
MIAMI FL 33173**

2. Principal Place of Business

21 State: **FL**

22 City & State: **MIAMI FL**

23 Zip: **33173** Country: **USA**

24 Country: **USA**

2a. Mailing Address

26 State: **FL**

27 City & State: **MIAMI FL**

28 Zip: **33173** Country: **USA**

29 Country: **USA**

3. Date Incorporated or Qualified  
**08/31/1994**

3a. Date of Last Report  
**06/29/1995**

4. FEI Number  
**65-0589184**

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. 199.052,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DIAZ, JORGE M  
9001 SW 68 TERR  
MIAMI FL 33173**

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 607.0503, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                      |                        |                                 |
|----------------------|------------------------|---------------------------------|
| 1. NAME              | <b>P DIAZ, JORGE M</b> | <input type="checkbox"/> DELETE |
| 2. STREET ADDRESS    | <b>9001 SW 68 TERR</b> |                                 |
| 3. CITY, STATE, ZIP  | <b>MIAMI FL</b>        |                                 |
| 4. NAME              |                        | <input type="checkbox"/> DELETE |
| 5. STREET ADDRESS    |                        |                                 |
| 6. CITY, STATE, ZIP  |                        | <input type="checkbox"/> DELETE |
| 7. NAME              |                        |                                 |
| 8. STREET ADDRESS    |                        |                                 |
| 9. CITY, STATE, ZIP  |                        | <input type="checkbox"/> DELETE |
| 10. NAME             |                        |                                 |
| 11. STREET ADDRESS   |                        |                                 |
| 12. CITY, STATE, ZIP |                        | <input type="checkbox"/> DELETE |
| 13. NAME             |                        |                                 |
| 14. STREET ADDRESS   |                        |                                 |
| 15. CITY, STATE, ZIP |                        | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                                                                   |
|----------------------|-------------------------------------------------------------------|
| 1. TITLE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME              |                                                                   |
| 3. STREET ADDRESS    |                                                                   |
| 4. CITY, STATE, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE             |                                                                   |
| 6. NAME              |                                                                   |
| 7. STREET ADDRESS    |                                                                   |
| 8. CITY, STATE, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE             |                                                                   |
| 10. NAME             |                                                                   |
| 11. STREET ADDRESS   |                                                                   |
| 12. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE            |                                                                   |
| 14. NAME             |                                                                   |
| 15. STREET ADDRESS   |                                                                   |
| 16. CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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. I am an officer or director of the corporation or the registered or authorized person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE:

*Jorge M. Diaz* **JORGE M. DIAZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-96 (205) 789-2493

CR2E034 (12/95)