

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000074048 (7)

1. Corporation Name

UNITED HOMES INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

7975 NW 154TH ST
SUITE 400
MIAMI LAKES FL 33016
US

7975 NW 154TH ST
SUITE 400
MIAMI LAKES FL 33016
US

3. Date Incorporated or Qualified

10/05/1994

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, STEVEN
201 SOUTH BISCAYNE BLVD. STE. 900
MIAMI FL 33131

81 Name

Robert Briele

82 Street Address (P.O. Box Number is Not Acceptable)

7975 NW 154 street

83

Suite 400

84 City

Miami Lakes

FL

85 Zip Code

33016

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

Robert Briele

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CTS	<input type="checkbox"/> DELETE
NAME	MIJARES, ANTHONY	
STREET ADDRESS	7925 NW 154TH ST., SUITE 400	
CITY- ST- ZIP	MIAMI LAKES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARDOSO, SILVIO A	
STREET ADDRESS	7975 NW 154TH ST., SUITE 400	
CITY- ST- ZIP	MIAMI LAKES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRIELE, ROBERT	
STREET ADDRESS	7975 NW 154TH ST., SUITE 400	
CITY- ST- ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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***200.00

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:

Robert Briele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BRIELE

1/23/96

Date

305-558-2600

Daytime Phone

CR2E034 (12/95)