

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000085302 (5)

1. Corporation Name

THE HOMES AT EAST LAKE, INC.

FILED

97 APR -3 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

275 FONTAINEBLEAU BLVD
SUITE 195
MIAMI FL 33172-4574

Mailing Address

275 FONTAINEBLEAU BLVD
SUITE 195
MIAMI FL 33172-4574

2. Principal Place of Business

21 6505 Blue Lagoon Drive

Suite, Apt. #, etc.

22 250

City & State

23 Miami, Florida

Zip

24 33126-6001

Country

25

2a. Mailing Address

26 6505 Blue Lagoon Drive

Suite, Apt. #, etc.

27 250

City & State

28 Miami, Florida

Zip

29 33126-6001

Country

30

9. Name and Address of Current Registered Agent

CACICEDO, RAMON R JR.
275 FONTAINEBLEAU BLVD
SUITE 195
MIAMI FL 33172-4574

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

02/05/1996

4. FEI Number

65-0537488

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

6505 Blue Lagoon Drive,

83 Suite 240

84 City

Miami, Florida

FL

85 Zip Code

33126-6001

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

NOTE: Registered Agent signature required when reinstating

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DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CACICEDO, RAMON C

STREET ADDRESS 275 FONTAINEBLEAU BLVD SUITE 195

CITY-ST-ZIP MIAMI FL 33172-4574

TITLE VPST ☐ DELETE

NAME GONZALEZ, JOSE A

STREET ADDRESS 275 FONTAINEBLEAU BLVD #200

CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME HERNANDEZ, GUS

STREET ADDRESS 275 FONTAINEBLEAU BLVD #200

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 6505 Blue Lagoon Drive, Suite 250

1.4 CITY-ST-ZIP Miami, Florida 33126-6001

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 6505 Blue Lagoon Drive, Suite 250

2.4 CITY-ST-ZIP Miami, Florida 33126-6001

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 6505 Blue Lagoon Drive, Suite 250

3.4 CITY-ST-ZIP Miami, Florida 33126-6001

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 if changed, or on an attachment with an address.

SIGNATURE

Jose Antero Gonzalez, VP 305-265-1771

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CR2E034 (9/96)