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95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

· 1995 5.19 B.646 346

FLORIDA DEPARTMENT OF STATE
Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093283 (7)

1. Corporate Name

HOME CONSTRUCTION INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
2200 CORPORATE BLVD. N.W SUITE 401 BOCA RATON FL 33431	2200 CORPORATE BLVD. N.W. SUITE 401 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1994 | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (25)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 65-0554503 | 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	10. Name and Address of New Registered Agent
HCRM CORP. 2200 CORPORATE BLVD. N.W. SUITE 401 BOCA RATON FL 33431	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 of President or Vice President of Registered Agent if the Agent is a Corporation) (Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS	
11 TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
12 NAME	LAWRENCE A. DUPREY	12 NAME	
13 STREET ADDRESS	29, ST. VINCENT ST.	13 STREET ADDRESS	
14 CITY ST ZIP	PORT-OF-SPAIN, TRINIDAD	14 CITY ST ZIP	
21 TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
22 NAME	MICHAEL A. FIFI	22 NAME	
23 STREET ADDRESS	#1, Bergerac Heights	23 STREET ADDRESS	
24 CITY ST ZIP	Maraval TRINIDAD	24 CITY ST ZIP	
31 TITLE	SECRETARY	31 TITLE	☐ Change ☐ Addition
32 NAME	LAWRENCE A. DUPREY	32 NAME	
33 STREET ADDRESS	29, St. Vincent St	33 STREET ADDRESS	
34 CITY ST ZIP	Port-of-Spain, TRINIDAD	34 CITY ST ZIP	
41 TITLE	Assistant Secretary	41 TITLE	☐ Change ☐ Addition
42 NAME	MICHAEL A. FIFI	42 NAME	
43 STREET ADDRESS	#1, Bergerac Heights,	43 STREET ADDRESS	
44 CITY ST ZIP	Maraval, TRINIDAD	44 CITY ST ZIP	
51 TITLE	Treasurer	51 TITLE	☐ Change ☐ Addition
52 NAME	MICHAEL A. FIFI	52 NAME	
53 STREET ADDRESS	#1, Bergerac Heights	53 STREET ADDRESS	
54 CITY ST ZIP	Maraval, TRINIDAD	54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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)(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: MICHAEL A. FIFI 4/27/95 1-809-622-4045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001848 FP