## 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 # P95000001881 (8)

WEST DADE HOME INVESTMENTS INC. Principal Place of Business Mailing Address 1313 PONCE DE LEON BLVD 1919 PONCE DE LEON BLVD **BUITE 300 CORAL GABLES FL 33134** CORAL GABLES FL 33134-3343 3a. Date of Last Report 05/01/1996 3. Date Incorporated or Qualified 01/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0551056 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, X Yes No 24 25 Florida Statutes 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name vinas. Robert 1313 PONCE DE LEON Street Address (P.O. Box Number is Not Acceptable) R2 SUITE 300 **CORAL GABLES FL 33134** 83 City 84 Zip Code 85 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 agont and title if applicable, (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE Change TITLE 1.1 TITLE Addition VINAS, ROBERT NAME 1.2 NAME CR2E034 9971 SW 26 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 1.4 CHY- ST-ZIP DELETE Addition Change TITLE 2.1 THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE Change Addition TITLE 31 THEF NAME 3.2-NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.17ITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 ICITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 HITLE NAME 5.2 NAME STREET ADDRESS 53 BIRFET ADDRESS CITY-ST-ZIP 5.4 DITY-ST-ZIP DELETE Change Addition TITLE 6.1 THE

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 eath; that I am an officer or director of the corporation of the receiver of 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 or private and the same legal effect as if made under eather than the same legal effect as i

63 \$TREFT ADDRESS

6.4 CITY-ST-ZIP

6.2 NAME

DODED

NAME STREET ADDRESS

CITY-ST-ZIP

4/30/97

(205) (42 0500

**FILED** 

May 08 1997 8:00am

Secretary of State