

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000017393 (6)

1. Corporation Name
HOMELAND INVESTMENT COMPANY



Principal Place of Business
11430 N. KENDALL DR., SUITE 302
MIAMI FL 33176

Mailing Address
P.O. BOX 652137
MIAMI FL 33265-2137

3. Date Incorporated or Qualified
03/02/1995

3a. Date of Last Report
03/30/1996

2. Principal Place of Business
21 12700 NW 11 TERR.
Suite, Apt. #, etc.
22
City & State
23 Miami, FL
Zip
24 33182
Country
25 USA

2a. Mailing Address
26 P.O. BOX 652137
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip
29 33265-2137
Country
30 USA

4. FEI Number
65-0571538

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

AMDOR, ABEL JR.
11430 N. KENDALL DR., SUITE 302
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
ABEL AMADOR
82 Street Address (P.O. Box Number is Not Acceptable)
341 SW 135 AVENUE
83
84 City
MIAMI
FL 85 Zip Code
33184

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOMEZ, NICOLAS	
STREET ADDRESS	11430 N. KENDALL DR., SUITE 302	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, NILO A	
STREET ADDRESS	11430 N. KENDALL DR., SUITE 302	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMADOR, ABEL	
STREET ADDRESS	11430 N. KENDALL DR., SUITE 302	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NICOLAS GOMEZ	
1.3 STREET ADDRESS	12700 N.W. 11 TERR.	
1.4 CITY - ST - ZIP	MIAMI, FL 33184	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NILO A. HERNANDEZ	
2.3 STREET ADDRESS	10835 S.W. 142 COURT	
2.4 CITY - ST - ZIP	MIAMI, FL 33186	
3.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ABEL AMADOR	
3.3 STREET ADDRESS	341 SW 135AVE	
3.4 CITY - ST - ZIP	MIAMI, FL 33184	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NILO A. HERNANDEZ 1-13-97 (305) 271-1225

CR2E034 (9/96)