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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000017393

1. Corporation Name

HOMELAND INVESTMENT COMPANY

	IND INVESTMENT COMPA	·· 							
Principal Place	e of Business	Mailing Address				141 00111 00111 00101	1,0,, 10000 1,110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12700 NW 11 TERR PO BOX 652137									
MIAMI FL 33182 MIAMI FL 33265-2137					50.407		00405		
us us						DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qua 03/02/1995 				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	-	Apı	plied For	
21 P.O. BOX 652137 26					65-0571538			t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desire	ed J	\$8.75 △		
22 27					9,		Fee Re	<u></u>	
City & State City & State					6. Election Campaign Finance	^{;ing} □	\$5.00		
23 HIM	<u> 11, FL.</u>	28			Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the	current year Int			
24 33245	F2137 25 US		30		Personal Property Tax.			□No_	
ļ 	9. Name and Address of Curre	nt Registered Agent	0.4	N.	10. Name and Address of N	ew Registered	Agent	-	
A 8.4A	DOD AREI		81	Name					
AMADOR, ABEL 341 SW 135 AVENUE			82 Street A		Address (P.O. Box Number is Not Ac	ceptable)			
•••									
MIAN	VII FL 33184		83						
			84	City		FL	85 Zip C	Code	
		00 - 1 007 1500 Fly ide Otatuta			corporation submits this statement fo		changing its	registered	
11. Pursuant	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corpo	oration's board of directors. I hereby	ccept the appoi	ntment as req	gistered	
agent. I a	m familiar with, and accept the obliga-	ations of, Section 607.0505, Flori	da Statutes		•				
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes	•					
agent. I a	m familiar with, and accept the obliging states of the obligation of the obligation states of the obligation	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: I	da Statutes Registered Agen	•	equired when reinstating)	DATE			
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14. I hereby certify that the information specified 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 moved 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 chapted, or on an attachment unto an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS