

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000033951 (1)

1. Corporation Name

FEDERAL HOMESAVERS USA, INC.



Principal Place of Business

Mailing Address

3741 SUNNY ISLES BLVD
SUITE 233
MIAMI FL 33160

3741 SUNNY ISLES BLVD
SUITE 233
MIAMI FL 33160

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/02/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0579143

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

10. Name and Address of New Registered Agent

PRINCE, ALPHONSO X
3741 SUNNY ISLES BLVD
SUITE 233
MIAMI FL 33160

81 Name

YVETTE GAILES

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

3741 SUNNY ISLES BLVD Suite 233

83

84 City

Miami

FL

85 Zip Code

33160

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 PD
NAME GAILES, GERALD
STREET ADDRESS 3741 SUNNY ISLES BLVD SUITE 233
CITY-ST-ZIP MIAMI FL 33160 ☐ DELETE

TITLE VD
NAME PRINCE, ALPHONSO X
STREET ADDRESS 3741 SUNNY ISLES BLVD SUITE 233
CITY-ST-ZIP MIAMI FL 33160 ☒ DELETE

TITLE STD
NAME GAILES, YVETTE
STREET ADDRESS 3741 SUNNY ISLES BLVD SUITE 233
CITY-ST-ZIP MIAMI FL 33160 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT (V) ☒ Change ☐ Addition
2.2 NAME YVETTE GAILES
2.3 STREET ADDRESS 3741 SUNNY ISLES BLVD SUITE 233
2.4 CITY-ST-ZIP MIAMI FL 33160

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE 500001836085 ☐ Change ☐ Addition
5.2 NAME -05/23/96--01010--029
5.3 STREET ADDRESS ***200.00
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Yvette Gailes YVETTE GAILES

4-10-96

737-3499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)