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May 13 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 # **P95000033951 (1)**

1. Corporation Name
FEDERAL HOMESAVERS USA, INC.



Principal Place of Business
**3741 SUNNY ISLES BLVD
SUITE 233
MIAMI FL 33160**

Mailing Address
**3741 SUNNY ISLES BLVD
SUITE 233
MIAMI FL 33160-4104**

3. Date Incorporated or Qualified 05/02/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0579143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**GAILES, YVETTE
3741 SUNNY ISLES BLVD SUITE 233
MIAMI FL 33160**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GAILES, GERALD	1.2 NAME	
STREET ADDRESS	3741 SUNNY ISLES BLVD SUITE 233	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	GAILES, YVETTE	2.2 NAME	
STREET ADDRESS	3741 SUNNY ISLES BLVD SUITE 233	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	GAILES, YVETTE	3.2 NAME	
STREET ADDRESS	3741 SUNNY ISLES BLVD SUITE 233	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *Yvette Gailes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: (305) 947-4663

CR2E034 (9/96)