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

FILED Mar 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P95000040657 (5) DOCUMENT # INTERNATIONAL LANDMARK HOMES, INC. Mailing Address Principal Place of Business 2910 TREVI CT 2910 TREVI CT KISSIMMEE FL 34746 KISSIMMEE FL 34746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3326275 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country Zip Zip This corporation owes or has paid the current year intangible 24 25 29 Personal Property Tax due June 30. □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent UMPIERRE, LUIS 2832 WOODSMERE CT. 2910 TREVI CT. Street Address (P.O. Box Number is Not Acceptable) 82 KISSIMMEE, FL. 34746 KISSIMMEE FL 34746 83 84 Zip Code 3474 6 ST22ZMMEE 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 of 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. LUIS UMPIGRRE SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ■ Addition Change ☐ DELETE 1.1 TITLE TITLE UMPIERRE, LUIS LUIS UMPIERRE NAME 1.2 NAME 2910 TREVI CT 2838 WOODSMERE OF. WRONG ADDRESS 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34746 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FRANK URAGA NAME 2.2 NAME 2910 TREVE CT STREET ADDRESS 2.3 STREET ADDRESS FL. 34746 KISSIMMEE CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Change DELETE Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

3/3/92

6.4 CITY - ST - ZIP 14. I 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

NAME STREET ADDRESS

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an addre