

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

FILED

1

97 DEC -8 AM 7:3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **PA5000042886**

1. Corporation Name
Homeserve inc.

Principal Place of Business
**Homeserve inc.
333 West 49th St.
Miami Beach, FL 33140**

Mailing Address
**574-W 49th St.
Miami Beach, FL 33140**

2. Principal Place of Business
21 **333 West 47th St.**
Suite, Apt. #, etc.
22
City & State
23 **Miami Beach, FL**
Zip Country
24 **33140** 25

2a. Mailing Address
26 **574 W 49th St.**
Suite, Apt. #, etc.
27
City & State
28 **Miami Beach, FL**
Zip Country
29 **33140** 30

3. Date Incorporated or Qualified **June 95** 3a. Date of Last Report
4. FEI Number **650-586720** 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

**MARIA DE CARVALHO
574 W 49th Street.
Miami Beach - FL 33140**

10. Name and Address of New Registered Agent

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

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 town if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	MARIA DE CARVALHO	
STREET ADDRESS	574 W 49th St.	
CITY-ST-ZIP	MIAMI BEACH-FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

**600002366796--1
-12/09/97--01057--001
165.00--165.00**

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: **MARIA DE CARVALHO** *Maria De Carvalho* 10/10/97 (305) 673-1813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

2

MARIA DE CARVALHO
HOMESERVE INC.
574 WEST 49TH STREET
MIAMI BEACH, FL 33140

OCTOBER 10TH, 1997

TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Recently while opening a small business account with Barnett Bank I was informed by their representative that when they contacted the Division of Corporations they were told that Homeserve inc. was in risks of being dissolved as a corporation for lack of filing the annual report.

I immediately contacted your offices and explained that I was not aware of what was going on since I distinctly remember signing a check so that my bookkeeper at the time could file the report. I was convinced that it had been done. She is no longer with us therefore I have no way to find out except go back to the Bank and try to find out what happened to that check I signed.

During the phone call I placed to the Division of Corporations I was instructed to call a certain number then press #2 and request the paperwork which I did. I was also instructed to write a letter explaining what happened and mail it with the check to you.

The first paperwork I got from you was for registration of a fictitious name. I called again and was told that I had been given the wrong number to call. I started to worry about the time frame. Then I requested the forms again and they just recently were mailed to me.

I would really appreciated if you could please give urgency to this matter and help me solve this problem. My business is mine, and my kids only source of income since I just very recently got divorced, and it's going to be tougher from now on to really make ends meet. I can not afford at this time to have this corporation dissolved. I need the work.

Thank you!

Sincerely,

