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Apr 12, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000043485**

1. Corporation Name
AMERICAN LAND HOUSING GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 115 NW 167TH ST
 STE 300
 N MIAMI BCH FL 33169
 US

Mailing Address
 115 NW 167TH ST
 STE 300
 N MIAMI BCH FL 33169
 US

3. Date Incorporated or Qualified

06/05/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0588215

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEHAR, SABY
 115 NW 167TH ST
 STE 300
 N MIAMI BCH FL 33169

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **D KASIM, ROBERTO**
 STREET ADDRESS **115 NW 167TH ST STE 300**
 CITY-ST-ZIP **N MIAMI BCH FL 33169**

1.1 TITLE Change Addition
 1.2 NAME **KASSIN, ROBERTO**
 1.3 STREET ADDRESS **(spelling correct)**
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D BEHAR, SABY**
 STREET ADDRESS **115 NW 167TH STREET STE 300**
 CITY-ST-ZIP **N MIAMI BCH FL 33169**

2.1 TITLE Change Addition
 2.2 NAME **DIRECTOR / SEC / TREAS**
 2.3 STREET ADDRESS **PRES**
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME **DIRECTOR / VP**
 3.3 STREET ADDRESS **JARVIS, BEUCE**
 3.4 CITY-ST-ZIP **115 NW 167 Street, Suite 300 North Miami Beach, FL 33169**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME **DIRECTOR / VP**
 4.3 STREET ADDRESS **TRACY, GRANIL**
 4.4 CITY-ST-ZIP **115 NW 167 Street, Suite 300 North Miami Beach, FL 33169**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Saby Behar
Saby Behar
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

305-654-1500

Daytime Phone #

CR2E034 (1/1/98)