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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

DOCUMENT # P95000044872 (6) PROFESSIONAL HOME & BUILDING INSPECTIONS, INC.

Principal Piece of Business

Mailing Address

FILED May 16 1997 8:00am Secretary of State



7949 SW 113TH CIRCLE PLACE MIAMI FL 33179				7343 SW 113TH CIRCLE PLACE MIAMI FL 33173-2611										
										3a. Date of Last Report 05/01/1996				
2. Principal Place of Business					2a. Mailing Address					4. FEI Number			Ap	plied For
21				26						65-0604872				Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		F	ee Re	dditional quired
City & State				City & State			:			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24		Country 25		9	ip	30	Country B. This corporation has liability for intangible tax under s. 15 Florida Statutes							199.032,
	9. Name	and Address of	Current Re	giste	red Agent			1		10. Name and Address of New Re	gistered A	gent		
	QUEZ, JOS						81	N	ame					
7343 SW 113TH CIRCLE PLACE MIAMI FL 33173							82	<u> </u>	reet Add	Address (P.O. Box Number is Not Acceptable)				
							83	•						•
							84	C	ły		FL	85	Zip (Code
office or re	enistered en	iont or both in t	he State of FI	orida	.1508, Florida Statu Such change was Section 607.0505, F	autho	rizeri b	iv the	med corpora	poration submits this statement for the partion's board of directors. I hereby acceptions	ournose of	chang	ging its ent as	s registered registered
SIGNATURE		•	v				:						•	
	Signature, typed	or printed name of reg						jent si	mature requ	ired when reinstating)	DATE	0.05	0700	0.111.40
12.	ъ-	OFFIC	ERS AND DI	RECT	ORS DELETE		13.		T	ADDITIONS/CHANGES TO OFFIC	JERS AND	DIRE Ch		S IN 12 Addition
TITLE	D	Z, JOSE D			L out it		1,1 111L f 1,2 NAME					U (I	migo	[_] Nosilion
NAME OTOTER ADDOCCO	7943 SW	2, 000E D 113TH CIRCL	E PLACE			- 1	1,3 STREE		ncee					
STREET ADDRESS	MIAMI FI		LILIVE				1,4 CITY-							
CITY-ST-ZIP TITLE	INS WILL I	200170			DELETE		2 1 TITLE				 	☐ CH	ange	☐ Addition
NAME					_		2.2 NAME							
STREET ADDRESS						1	23 STREE	T ADD	RESS	•				
CITY-ST-ZIP							2 4 CITY	-S1 - Z	P					
TITLE		 			DELETE		3 1 TITLE					☐ C	ange	Addition
NAME							3 2 NAME		- 1					
STREET ADDRESS							3 STREE	T ADD	RESS					
CITY-ST-ZIP							3.4. CHY-	· S1 - Z	Р					
TITLE					☐ DEL€TE		41 TITLE		j			L. CI	range	Addition
NAME							4. 2 NAME	ľ.	Ì					
STREET ADDRESS							4.3 STREE	1 ADC	RESS					
CITY-ST-ZIP							4.4 CITY -		Р					Addition
TITLE 3					DELETE	Į	5.1 TITLE						iange	Addition
NAME						ı	5.2 NAME							
STREET ADDRESS							5.3 STREE		- 1					
CITY-ST-ZIP					DC: ETC	J	5.4 CITY-		P			C	22000	Addition
TALE					☐ DELETE		6.1 TITLE					LJ U	ıarığe	LJ AGORION
NAME ·						Į	6.2 NAME							
STREET ADDRESS						J	63 STREE		Í					
CITY-ST-ZIP							64 CITY-	S1 - 7	P					

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 3 if changed, or on an attachment with an address: