

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

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Feb 04 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 # P95000045656 (2)

1. Corporation Name
SEVILLA GARDENS HOMES, INC.

Principal Place of Business
P.O. BOX 651159
MIAMI FL 33265

Mailing Address
P.O. BOX 651159
MIAMI FL 33265-1159



3. Date Incorporated or Qualified 06/13/1995	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0615552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

ANA R. CRAFT, P.A.
13701 N. KENDALL DRIVE
SUITE 303
MIAMI FL 33186

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPSD ABREU, MIRTA 13522 SW 62 LANE MIAMI FL 33265 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, MIRTA	1.2 NAME	
STREET ADDRESS	13522 SW 62 LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33265	1.4 CITY-ST-ZIP	
TITLE	PD RODRIGUEZ, CARLOS A 13522 SW 62ND LANE MIAMI FL 33265 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS A	2.2 NAME	
STREET ADDRESS	13522 SW 62ND LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33265	2.4 CITY-ST-ZIP	
TITLE	VPSD RODRIGUEZ, GABINO 13522 SW 62ND LANE MIAMI FL 33265 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, GABINO	3.2 NAME	
STREET ADDRESS	13522 SW 62ND LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33265	3.4 CITY-ST-ZIP	
TITLE	T RODRIGUEZ, JORGE L 13522 SW 62 LN. MIAMI FL 33265 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JORGE L	4.2 NAME	
STREET ADDRESS	13522 SW 62 LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33265	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305
1/24/97 387-0250
Date Daytime Phone #

CR2E034 (9/96)