

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 CORPORATIONS

APPROVED  
AND  
FILED

97 APR 25 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060452 (6)

1. Corporation Name

CUSTOM FLORIDA HOMES, INC.



Principal Place of Business

11270 S.W. 154 AVENUE  
MIAMI FL 33130

Mailing Address

C/O E. HARRIS ESQ.  
111 SW 3RD STREET 6 FLOOR  
MIAMI FL 33130-1826  
US

2. Principal Place of Business

21 14425 Country Walk Dr.  
Suite, Apt. #, etc.

22 City & State  
MIAMI, FL

23 Zip Country  
33186 US

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/04/1995

3a. Date of Last Report

02/22/1996

4. FEI Number

65-0602197

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

HARRIS, ELLIOTT  
SIXTH FLOOR MCCORMICK BLDG.  
111 S.W. 3RD STREET  
MIAMI FL 33130

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GARCIA-CARRILLO, PEDRO  
STREET ADDRESS 11270 S.W. 154 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE DS  
NAME HARRIS, ELLIOTT  
STREET ADDRESS 111 S.W. 3RD STREET, 6TH FLOOR  
CITY-ST-ZIP MIAMI FL 33130

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 14425 Country Walk Dr  
1.4 CITY-ST-ZIP 33186

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 000002158360--4  
3.4 CITY-ST-ZIP -04/29/97--01077--006

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 registered agent 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 unchanged, or on an addition with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
Elliott Harris, Secy

Date

Daytime Phone #

1/3/97 (305) 358-0146

CR2E034 (9/96)