

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000075554 (2)

1. Corporation Name

PRI HOMES, INC.



Principal Place of Business

Mailing Address

16969 N.W. 67 AVENUE
SUITE 200
MIAMI FL 33015

16969 N.W. 67 AVENUE
SUITE 200
MIAMI FL 33015

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 173067
Suite, Apt. #, etc.

26 P.O. Box 173067
Suite, Apt. #, etc.

4. FEI Number
65-0624336

Applied For
Not Applicable

22 City & State
23 Hialeah, Florida

27 City & State
28 Hialeah, Florida

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country
33017-3067 Dade

29 Zip Country
33017-3067 Dade

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME PANDO, DOMINGO
STREET ADDRESS 16969 N.W. 67 AVENUE, SUITE 200
CITY-STATE-ZIP MIAMI FL 33015

1.1 TITLE D/P/T ☒ Change ☐ Addition
1.2 NAME PANDO, DOMINCO
1.3 STREET ADDRESS 16969 NW 67 Avenue, Suite 200
1.4 CITY-STATE-ZIP Miami, Florida 33015

TITLE D ☐ DELETE
NAME RASCO, RAMON E
STREET ADDRESS % 5200 BLUE LAGOON DRIVE, SUITE 700
CITY-STATE-ZIP MIAMI FL 33126

2.1 TITLE D/S ☒ Change ☐ Addition
2.2 NAME RASCO, RAMON E.
2.3 STREET ADDRESS c/o 5200 Blue Lagoon Drive, Suite 700
2.4 CITY-STATE-ZIP Miami, Florida 33126

TITLE D ☐ DELETE
NAME ITURREY, JOSE
STREET ADDRESS 2828 CORAL WAY, SUITE 302
CITY-STATE-ZIP CORAL GABLES FL 33145

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DOMINGO PANDO 02/08/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Domingo Pando

Date

(305) 362-2900

Daytime Phone #

CR2E034 (12/95)