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Apr 16 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 # P95000075554 (2)

1. Corporation Name
PRI HOMES, INC.

Principal Place of Business

POST OFFICE BOX 173067
HIALEAH FL 33017-3067
US

Mailing Address

POST OFFICE BOX 173067
HIALEAH FL 33017-3067
US



3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report
02/16/1996

4. FEI Number

65-0624336

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

2. Principal Place of Business

21 15165 N.W. 77th Ave

Suite, Apt. #, etc.

22 Suite 1002

City & State

23 Miami FL

Zip

33014

Country

25 USA

2a. Mailing Address

26 15165 N.W. 77th Ave

Suite, Apt. #, etc.

27 Suite 1002

City & State

28 Miami, FL

Zip

33014

Country

30 USA

9. Name and Address of Current Registered Agent

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

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 or typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME PANDO, DOMINGO

STREET ADDRESS 16969 N.W. 67 AVENUE, SUITE 200

CITY-ST-ZIP MIAMI FL

TITLE DS ☒ DELETE

NAME RASCO, RAMON E

STREET ADDRESS % 5200 BLUE LAGOON DRIVE, SUITE 700

CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME ITURREY, JOSE

STREET ADDRESS 2828 CORAL WAY, SUITE 302

CITY-ST-ZIP CORAL GABLES FL 33145

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☒ Change ☐ Addition

1.2 NAME PANDO, DOMINGO

1.3 STREET ADDRESS 15165 N.W. 77th Ave. Suite 1002

1.4 CITY-ST-ZIP MIAMI, FL. 33014

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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 in an attachment with an address.

SIGNATURE: *Domingo Pando* DOMINGO PANDO

04/14/97

(305) 362-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)