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Apr 23 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 # P95000081652 (6)

1. Corporation Name  
C & L HOMES, INC.

Principal Place of Business  
700 WEST 53RD TERRACE  
HIALEAH FL 33012

Mailing Address  
1763 W. 79 ST.  
HIALEAH FL 33014-3235  
US

3. Date Incorporated or Qualified  
10/24/1995  
3a. Date of Last Report  
06/15/1996

2. Principal Place of Business  
21 1671 W 79 St.  
26 Mailing Address

Suite, Apt. #, etc.  
22 Hialeah, FL 33014  
27 Suite, Apt. #, etc.

City & State  
23  
28 City & State

Zip  
24 33014  
Country  
25 Dade  
29 Zip

Country  
30

4. FEI Number  
65-0615636  
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

10. Name and Address of New Registered Agent

LORENZO, CARLOS  
700 WEST 53RD STREET  
HIALEAH FL 33012

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 reinstating) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D<br>LORENZO, CARLOS<br>1763 W. 79 ST.<br>HIALEAH FL 33014 | 1.1 TITLE   |  |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      |  | 2.1 TITLE   |  |
| NAME                       |  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |  | 3.1 TITLE   |  |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |  | 4.1 TITLE   |  |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |  | 5.1 TITLE   |  |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |  | 6.1 TITLE   |  |
| 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: *Carlos Lorenzo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-18-97 305-816-0726  
Date Daytime Phone #