

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 # P95000087580 (3)

1. Corporation Name

HOMESTEAD CACTUS, INC.



Principal Place of Business

Mailing Address

45 SW 116 AVE  
MIAMI FL 33174

45 SW 116 AVE  
MIAMI FL 33174

3. Date Incorporated or Qualified

3a. Date of Last Report

11/13/1995

4. FEI Number

65-0624865

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGOLLA, ALFREDO L  
45 SW 116 AVE  
MIAMI FL 33174

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D  
BERGOLLA, ALFREDO L  
STREET ADDRESS 45 SW 116 AVE  
CITY-ST-ZIP MIAMI FL 33174

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE

NAME D  
CALVO, CARLOS  
STREET ADDRESS 13861 SW 74 TERR  
CITY-ST-ZIP MIAMI FL 33183

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96

305-382-1814

CR2E034 (12/95)