FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

03-09-1999 90125 010 ***150.00 FILESSONS STATE
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99 OCT 21 PM 1: 14

DOCUMENT # P95000092237 1. Corporation Name HOME R US DEVELOPMENT CO.				99 OCT 21 PM 1: 14		
HOWE I	OS DEVELOPMENT CO.				1844 (1816 H.H.C. 1816 H.H.C.)	U
Principal Place	e of Business	Mailing Address		{	MANUA SARAN SENDEN PRINC SARAN PE	lì
7913 N.W. 2ND ST. 7913 N.W. 2ND ST.						
MIAMI FL 33124	6	Miami Fl 33126		. DO NOT WRITE IN THIS	SPACE	
				3. Date incorporated or Qualified		
. 				12/05/1995		
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicat	
Sulte, Apt.	# etc	Suite, Apt. #, etc.		65-0629723	\$8.75 Additional	
22	4, 5,0	27		5. Certificate of Status Desired	Fee Required	ł
City & State	9 .	City & State		6: Election Campaign Financing	\$5.00 May Be	\neg
23		28	6	Trust Fund Contribution	Added to Fees	==-{
Zip	Country [25]	Zip [3	Country	 B. This corporation owes the current year infinered personal Property Tax. 	angible □Yes □No	
24	9. Name and Address of Curr		T	10. Name and Address of New Registered		{
			81 Name			\neg
	LUELO, HOMERO		62 Street Add	ress (P.O. Box Number is Not Acceptable)		\dashv
7913 N.W. 2ND ST. MAMI FL 33126			(_1			
MILAN	WI FL 33120		63	•		-
ĺ			84 Orty	FI	85 Zip Code	
14 Pursuant	to the provisions of Sections 607.0	S02 and 607 1508. Finding Statutes	the shows named coor		checolog lie teolstered	, - -{
office or n	egistered agent, or both, in the Sta	ite of Florida. Such change was sul	horized by the corporation	coration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment as registered	·
SIGNATURE	in ignisial with and socopt the con	Spirote of openior por sood, the	ouncion.			- 1
	Signature, typed or printed name of registered a		antipen enulsingle triega benefetgel			§
12	OFFICERS .	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE NAME	MERUELO, HOMERO	Dietere	1.1 HILE 1.2 NAME	• •		~" \{
STREET ADDRESS	7913 N.W. 2ND ST.		13 STREET ADDRESS			1 8
CITY-\$T-24P	MIAMI FL 33126		1.4 CITY-8T-25P		·	
TITLE	STD	☐ DELETE	21 TITLE		☐ Change ☐ Add	Non C
NAME	MERUELO, BELINDA		22 NAME			
STREET ADDRESS	7913 N.W. 2ND ST.		2.3 STREET ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33126		2 4 CITY-ST-ZP	·		
TITLE		D DELETE	STATLE		☐ Change ☐ Add	BON
NAME			32 NAME	- 1	· · · · · · · · · · · · · · · · · · ·	.~- - 1
STREET ADDRESS			33 STREET ADDRESS		•	Į
CITY-ST-ZNO		DELETE	34, CITY-ST-ZP		Change Addi	tion
NAME			4 2 NAME			- [
STHEET ALKARESS			43 STREET ADORESS			J
C/TY ST-20P	<u> </u>		4.4 CITY-8T-ZIP			
TITLE		DELETE	&1 TITLE		☐ Change ☐ Addi	lion
NAME			PS NAME	\d\ 10\10=	•	- }
STREET ADDRESS			8.3 STREET ADDRESS	MINNS		j
CITY-ST-ZIP		C DELETE	64 CITY-ST-ZIP		☐Change ☐ Addi	rion
TITLE NAME		CHUELEIE	62 NAME	-	Cloude Dyon	~"`\
STREET ADDRESS			63 STREET ADDRESS			- (
CITY-ST-ZP		•	64 CITY-ST-ZIP			ſ

for the exemption stated in Section 119.07(3\(\frac{n}{2}\)), Florida Statutes. I further certify that the information courses and that my signature shall have the same legal effect so if made under outly, that I am an o execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a labeler (its empropers).

SIGNATURE: SIGNATURE AND TYPED ON PRINTED MANIE OF MONING OFFICER OF STREET ON