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FILED

Apr 29 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 # P96000019425 (3)

1. Corporation Name

BEAUTIFUL HOME, INC.

Principal Place of Business

17693 SW 5TH ST  
PEMBROKE PINES FL 33029

Mailing Address

17693 SW 5TH ST  
PEMBROKE PINES FL 33029-4020

See below



3. Date Incorporated or Qualified

02/29/1996

3a. Date of Last Report

None

4. FEI Number

65-0463971

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 17693 SW 5TH ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 823701

Suite, Apt. #, etc.

City & State

23 Pembroke Pines, FL

Zip

24 33029

Country

25 Broward

City & State

28 Pembroke Pines, FL

Zip

29 33083-3701

Country

30 Broward

9. Name and Address of Current Registered Agent

LINDO-PICADO, MERCEDES  
17693 SW 5TH ST  
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name

Lindo-Picado, Mercedes

82 Street Address (P.O. Box Number is Not Acceptable)

Same

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

Mercedes Lindo-Picado

Vice-Pres./Secretary of Corp.

4/22/93

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DVS  
LINDO-PICADO, MERCEDES  
STREET ADDRESS 17693 SW 5TH ST  
CITY- ST- ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE

NAME DPT  
PICADO, RAFAEL  
STREET ADDRESS 17693 SW 5TH ST  
CITY- ST- ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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 on an attachment with an address

SIGNATURE: Mercedes Lindo-Picado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/93 (954) 704-0883

CR2E034 (9/96)