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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

GARCIA, EDDY

Suite, Apt. #, etc.

City & State

21

22

23

24

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035830 (4)

Country

717 PONCE DE LEON BLVD. STE 322

9. Name and Address of Current Registered Agent

Block 12 or Block 13 if changed, or on an ettachment with an address.

25

CORAL GABLES FL 33134

COLONIAL TOWNHOMES, INC.

Principal Place of Business Mailing Address 717 PONCE DE LEON BLVD. STE 322 717 PONCE DE LEON BLVD. STE 322 **CORAL GABLES FL 33134** CORAL GABLES FL 33134

2a. Mailing Address

City & State

Suite, Apt. #, etc.

101

DELETE

4235 W 16 AV

Country

81

82

83 84 City

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.

Name

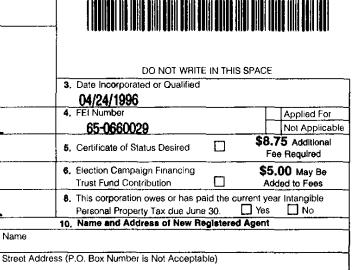
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26

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FILED Apr 23 1998 8:00am Secretary of State



Zip Code

☐ Addition

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Đ 1.1 TITLE Change Addition GARCIA, EDDY NAME 1.2 NAME **518 EAST 54TH STREET** STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP 1.4 CITY - ST - 2IP DELETE TITLE Change Addition 21 TITLE CAPARROS, MARTY NAME 2.2 NAME STREET ADDRESS 9101 E. BAY HARBOR DRIVE 2.3 STREET ADDRESS **BAY HARBOR FL 33156** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-SY-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

ulis-loca

6.4 CITY-ST-ZIP 14. Thereby 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