Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90053 027 ***150.00

DOCUMENT # P96 1. Corporation Name	6000045630
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PREMIER HOMES, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

15600 NW 83RD PLACE MIAMI FL 33016

15600 NW 83RD PLACE

MIAMI FL 33016

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

05/22/1996

65-0662375

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip	Country	Zip	Country		This corporation owes the current	t year Intangible	_	
24	25	29 30)		Personal Property Tax.	☐ Yes	□No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name			1	
rodriguez, arturo e			82	82 Street Address (P.O. Box Number is Not Acceptable)				
15600 NW 83RD PLACE			"	Street Address (F.O. Box Multiper is 110t Acceptable)				
MIA	AMI FL 33016		83					
			-	015		as Zin (Code	
	·		84	City		FL 85 Zip C	Code	
office or agent. I	nt to the provisions of Sections 607.0502 r registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was auth	orized by :	the corporation	oration submits this statement for the pu on's board of directors. I hereby accept t	rpose of changing its he appointment as re-	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Re	gistered Agen	! signature require	d when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	RODRIGUEZ, ARTURO E		1.2 NAME				}	
STREET ADDRES	45555 4931 55DD DI 165		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33016	į	1.4 CITY-S1	r-ziP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	PONS, MARGARITA M		2.2 NAME					
STREET ADDRES	45555 1814 5555 Dt 465	•	2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33016		2.4 CITY-S	T-ZIP	ستيوسية الواد دو الحجاز الراب الواج العلك. سيدان	- Transfer of -	• -	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	j		3.2 NAME				ļ	
STREET ADDRES	ss		3.3 STREET	ADORESS			ļ	
CITY-ST-ZIP			3.4. CITY-S	T-Z)P				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME		•		}	
STREET ADDRES	ss.		4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S1	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE	1		Change	Addition	
NAME			5.2 NAME					
STREET ADDRES	ss	,	5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY+ ST	r-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME :	74. f 9 529		6.2 NAME					
STREET ADDRES	[' ' ' '		6.3 STREET	ADDRESS	•			
CEV ST 7ID : "			6.4 CITY-ST	r-zip				

14. I 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Staffutes; and that my name appears in

SIGNATURE:

305 827-4257