

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000051801 1. Corporation Name USA FAMILY HOMES, INC.			
Principal Place of Business 255 ALHAMBRA CIR. 8TH FL CORAL GABLES, FL 33134		Mailing Address P.O. BOX 026000 MIAMI FL 33102	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date incorporated or Qualified 06/17/96		4. FEI Number 65-0692473 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent JUANITA I. KERRIGAN 255 ALHAMBRA CIR. 8TH FL CORAL GABLES, FL 33134		10. Name and Address of New Registered Agent 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 S <input type="checkbox"/> DELETE NAME KERRIGAN, JUANITA I. STREET ADDRESS 255 ALHAMBRA CIRCLE CITY - ST - ZIP CORAL GABLES, FL 33134		1.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE DV <input type="checkbox"/> DELETE NAME GETMAN, DENNIS J. STREET ADDRESS 255 ALHAMBRA CIRCLE CITY - ST - ZIP CORAL GABLES, FL 33134		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME CARLSON, GARY STREET ADDRESS 255 ALHAMBRA CIRCLE CITY - ST - ZIP CORAL GABLES, FL 33134		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE VD <input type="checkbox"/> DELETE NAME MCNAIRY, CHARLES L. STREET ADDRESS 255 ALHAMBRA CIRCLE CITY - ST - ZIP CORAL GABLES, FL 33134		4.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE T <input checked="" type="checkbox"/> DELETE NAME COLDITZ, LAWRENCE STREET ADDRESS 255 ALHAMBRA CIRCLE CITY - ST - ZIP CORAL GABLES, FL 33134		5.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME RAMA, MICHAEL 5.3 STREET ADDRESS 255 ALHAMBRA CIRCLE 5.4 CITY - ST - ZIP CORAL GABLES, FL 33134	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - 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 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: <i>Juanita I. Kerrigan, Secretary</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/30/98 Daytime Phone # 305-442-7000	

CR2E034 (10/97)