FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY -1 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052186

1. Corporation Name
HOMA SUPPLIES, INC.

Principal Place of Business / Mailing Address
HOMA SUPPLIES, INC
704 SW 17 Ave Suite 5A
Miami, FL. 33135

3. Date Incorporated or Qualified: 06/19/1996 | 3a. DF

2. Principal Place of Business
21 1000 Ponce de Leon Blvd
Suite, Apt #, etc.
22 Suite 315
City & State
23 Coral Gables, FL.
Zip 24 33134 | County 25 DADE

3a. Mailing Address
26 1000 Ponce de Leon Blvd
Suite, Apt #, etc.
27 Suite 315
City & State
28 Coral Gables, FL
Zip 29 33134 | County 30

4. FEI Number: 65-0674605 | Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent
Josefina Reyes-Lovio
704 SW 17 Ave Suite 5A
Miami, FL. 33135

10. Name and Address of New Registered Agent
81 Name: Josefina Reyes-Lovio
82 Street Address (P.O. Box Number is Not Acceptable): 1401 Veracruz Lane
83
84 City: Ft. Lauderdale | FL | 85 Zip Code: 33327

11. Pursuant to the provisions of Section 607.1502 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: Josefina Reyes-Lovio President — 04/30/97
(If changing Registered Agent, signature required from new agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: PD Josefina Reyes-Lovio 704 SW 17 Ave Suite 5A Miami, FL. 33135	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition: PD Josefina Reyes-Lovio 1401 Veracruz Lane Ft. Lauderdale, FL. 33327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I declare 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 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: Josefina Reyes-Lovio 04/30/97 (305) 448-8627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number