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

CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000070663 (5)

OPEN HOUSE AT CORAL GARLES, INC.

OI LIV	HOUSE AT COMAL GABL	LO; 1140.		
Principal Plac	e of Business	Mailing Address		I SER LINGS HIS TRIAN BILLY ERILL BEITH SONT BONT LEDNIN OFTH OF HIS BINDS AND BINDS AND BOND OF HIS TORK TO SELECT
262 MIRACLE MILE 262 MIRACLE				
CORAL GABI	.ES FL 33124	CORAL GABLES FL 33124		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/26/1996
2. Principal Place of Business		2a. Mailing Address		4, FEI Number Applied For
21		26		65-0689057 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes or has paid the current year Intardible
24	<u> 25 </u>	[29]	30	Personal Property Tax due June 30. Yes Z No
	9, Name and Address of Curi	rent Registered Agent	81 Name	10. Name and Address of New Registered Agent
	EDO, JUANA T		or Name	
	2 MIRACLE MILE		82 Street Add	dress (P.O. Box Number is Not Acceptable)
U	DRAL GABLES FL 33124		83	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607.1509. Florida Statutes, the above-named cooffice or registrophyspent, or both, in the Statut florida System by the corpor				poretion submits this statement for the purpose of changing its registered
SIGNATURE	State of all puller have of regulared	age of any articular and an annual and an annual and an annual and an annual an annual an annual an annual an an annual an ann	VOTE: Registered Agent signature requ	
12.	PSO	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	LLEDO, JUANA T	C) bittere	1,2 NAME	
STREET ADDRESS	8555 N.W. 36TH ST.		1.3 STREET ADDRESS	•
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-ST-ZIP	
TITLE	VD VD	DELETE	2.1 TITLE	Change Addition
NAME	PEREZ, RAYMOND		2.2 NAME	
STREET ADDRESS	8555 N.W. 36TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP	
TITLE	TO	DELETE	31 TITLE	Change Addition
NAME	PEREZ, JORGE L JR		3.2 NAME	
STREET ADDRESS	8555 N.W. 36TH ST.		3.3 STREET ADORESS	
CITY-ST-ZIP	MIAMI FL 33166		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
KAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DECEMBE.	4.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	5 1 TITLE	L. Change L. Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5 4 CiTY - ST - ZiP 6 1 TITLE	Change Addition

14. I hereby certify that the information supplied with this filing glocs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual report of supplemental arrival report of the earn 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 of truster of inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer, or on an attachment with any address

2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Mar 19 1998 8:00am

Secretary of State