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

DOCUMENT # P96000072653 (4)

THE HOME BUYING CENTER, INC.

Principal Place of Business Mailing Address 1759 SOUTHWEST 136 AVENUE 1759 SOUTHWEST 138 AVENUE **MIAMI FL 33175** MIAMI FL 33175-7518 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Zio Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 TALLAHASSEE FL 32301 83 MIAMI 84 200 Code 3317 Pursuant to the provision office or registered agent agent. Lam familiar with. Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered acceptance and acceptance ed agent and title if apolicable (NOTE: Registered Agent signature required when reinstaling) ERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. Change DELETE Addition 111,1 1.1 TITLE **GONZALEZ, DOROTHY** NAMI 1.2 NAME 1759 SOUTHWEST 138 AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY - ST- ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THE **2.2 NAME** MAV 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHY SI-ZIP DELETE Change 3.1 TITLE Addition TATLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS

6.4 CITY-ST-ZP ***165.00

14. If do 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 ecciper of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

3.4. CITY - ST - ZIP

4.4 CITY-SY-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.1 TITLE
4. 2 NAME
4.3 STREET ADDRESS

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

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appears in Block 12 or Block 13 if changed, or of an attackment with an addres

SIGNATURE:

CHY-ST-ZIP

STREET ADORESS Offy - \$1 - 20

STREET ADORESS

STREET ADDRESS

CITY-ST ZF

TITLE

NAME

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NATURE AND TYPED OR PRINTED HAMEON SIGNING OFFICER OR DIRECTOR

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May 15 1997 8:00am

Secretary of State