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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000076587 (0)

1. Corporation Name

POINCIANA HOMES OF BROWARD, INC.

Principal Place of Business

SUITE 3400 - ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-1897

Mailing Address

SUITE 3400 - ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-1806



3. Date Incorporated or Qualified

09/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 3971 S.W. 8th St., ()

Suite, Apt. #, etc.

22 Suite 205

City & State

23 MIAMI, FL.

Zip

24 33134

Country

25

2a. Mailing Address

26 3971 S.W. 8th St., ()

Suite, Apt. #, etc.

27 Suite 205

City & State

28 MIAMI, FL.

Zip

29 33134

Country

30

4. FEI Number

65-0692725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES
SUITE 3400 - ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-1897

10. Name and Address of New Registered Agent

81 Name

ELVIRA CARRERA-JUSTIZ

82 Street Address (P.O. Box Number is Not Acceptable)

3971 S.W. 8th St., #205

83

84 City

MIAMI

FL

85 Zip Code

33134

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

Elvira Carrera-Justiz, Elvira Carrera-Justiz

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LARRIEU, MANUEL A
STREET ADDRESS 3971 S.W. 8TH STREET, SUITE 205
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME LARRIEU, JORGE A
STREET ADDRESS 3971 S.W. 8TH STREET, SUITE 205
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☒ Change ☐ Addition

1.2 NAME Larrieu, Manuel A.
1.3 STREET ADDRESS 3971 S.W. 8th St., #205
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE DVS ☒ Change ☐ Addition

2.2 NAME Larrieu, Jorge A.
2.3 STREET ADDRESS 3971 S.W. 8th St., #205
2.4 CITY-ST-ZIP Coral Gables, FL 33134

3.1 TITLE ASST. SECRETARY ☐ Change ☒ Addition

3.2 NAME Nitza Gonzalez
3.3 STREET ADDRESS 3971 S.W. 8th St., #205
3.4 CITY-ST-ZIP Coral Gables, FL 33134

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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:

Manuel A. Larrieu

Date

1/30/97 444-6716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0172506

CR2E034 (9/96)