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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 26 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000082659 (9)

VANTAGE BUILDERS, INC.

appears in Block 12 or Block 13 if cb

SIGNATURE:

Principal Place of Business Mailing Address 2121 PONCE DE LEON BLVD. STE 650 2121 PONCE DE LEON BLVD. STE 650 **CORAL GABLES FL 33134** CORAL GABLES FL 33134-5222 Date Incorporated or Qualified 3a. Date of Last Report 10/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-06 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 6. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERMAN WOLFE & RENNERT, PA 100 SOUTHEAST SECOND STREET 35TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131-2130 83 City 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 rugistared agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TITLE MEYERS, STUART I NAME 1.2 NAME 2121 PONCE DE LEON BLVD. STE 650 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 1.4 CITY - ST - ZIP D DELETE THE 21 TITLE Change Addition LOPEZ, JORGE 2.2 NAME 2121 PONCE DE LEON BLVD. STE 650 STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL 33134 CHY-SI-ZIF 2.4 CITY-ST-ZIP DELETE THUE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7/F 4 4 City-St-ZiP THEF DELETE Change 51 THILE Addition NAME 52 NAME SUBJET ADORESS 5.3 STREET ADDRESS CITY - ST - 20F 5.4 CITY-ST-ZIP DELET THEF 61 TITL€ Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CHY-ST-2IP 64 CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the skeplemental innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name or on an attackment with an address. 14. I do hereby certify that the information supplie information indicated on this annual report I am an officer or director of the corporation

SIGNING OFFICER OR DIRECTOR