


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

FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000096565 (2)**

1. Corporation Name

**MODEL HOMES INVESTMENTS CORP.**

Principal Place of Business

1395 BRICKELL AVENUE  
8TH FLOOR  
MIAMI FL 33131

Mailing Address

1395 BRICKELL AVENUE  
8TH FLOOR  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/27/1996**

4. FEI Number

**65-0713360**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **2601 S. BAYSHORE DR.**

**2601 S. BAYSHORE DR. #**

Suite, Apt. #, etc.  
**22 SUITE 1200**

Suite, Apt. #, etc.  
**27 SUITE 1200**

City & State  
**23 MIAMI, FL**

City & State  
**28 MIAMI, FL**

Zip Country  
**24 33133 25 DADE**

Zip Country  
**29 33133 30 DADE**

g. Name and Address of Current Registered Agent

**SLOSBERGAS, NELSON**  
**501 BRICKELL KEY DRIVE**  
**SUITE 400**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HORN, JOSEPH</b>	
STREET ADDRESS	<b>1395 BRICKELL AVENUE, 8TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EICHENWALD, RICARDO</b>	
STREET ADDRESS	<b>1395 BRICKELL AVENUE, 8TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HORN, RALPH</b>	
STREET ADDRESS	<b>1395 BRICKELL AVENUE, 8TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>SLOSBERGAS, NELSON</b>	
STREET ADDRESS	<b>501 BRICKELL KEY DR., SUITE 400</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>FREEMAN, STEPHEN A</b>	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, SUITE 0-305</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BECHT, PETER N</b>	
STREET ADDRESS	<b>2880 SW 58TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HORN, JOSEPH</b>	
1.3 STREET ADDRESS	<b>2601 S. BAYSHORE DR., SUITE 1200</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>	

2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>EICHENWALD, RICARDO</b>	
2.3 STREET ADDRESS	<b>2601 S. BAYSHORE DRIVE, SUITE 1200</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>	

3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HORN, RALPH</b>	
3.3 STREET ADDRESS	<b>2601 S. BAYSHORE DR., SUITE 1200</b>	
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	<b>P /D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>BEEBE, PETER D.</b>	
6.3 STREET ADDRESS	<b>2601 S. BAYSHORE DR., SUITE 1200</b>	
6.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>	

14. I 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 in an attachment with an address.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED**

1/09/98

(305) 860-0770

CR2E034 (10/97)