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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700004501 (7)

HOUSE-LAND ENTERPRISES CORP.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 89 ZACALO WAY 89 ZACALO WAY KISSIMMEE FL 34743 KISSIMMEE FL 34743 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/15/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 40 LAGO MESA WAY 40 LAGO MESA WAY 59-3458253 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 KISSIMMEE, FLORIDA KISSIMMEE, FLORIDA Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 OSCEOLA 34743 34743 OSCEOLA 24 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAMPOLLA, ROBERTO Name 40 LAGO MESA 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 32743 83 Zip Code 85 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. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. X) DELETE TITLE 1 1 TITLE X Change Addition RAMPOLLA, ROBERTO RAMPOLLA, ROBERTO NAME 1.2 NAME 3282 FAIRFIELD CR. 3220 FAIRFIELD CR. STREET ADDRESS 13 STREET ADDRESS KISSIMMEE FL 34743 KISSIMMEE, FL 34743 CITY-S1-ZIP 1.4 City-St-ZiP TITLE DELETE 21 TITLE \_\_\_ Change Addition SANTIAGO, EDMUND NAME 2.2 NAME 15815 S.W. 88 CT. STREET ADDRESS 2 3 STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP 2 4 CiTY-ST-ZIP DELETE TITLE 31 THILE Change Addition SANTIAGO, MYRIAM NAME 3.2 NAME 15815 S.W. 88 CT. STREET ADDRESS 3 3 STREET ADDRESS **MIAMI FL 33158** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$1-ZIP TITLE DELETE Addition 5.1 HH F Change NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 54 CHY-ST-7IP DELETE TIFLE Change Addition 6.1 THILF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-SI-7P

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this annual report or supplicitiental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or discontinuous true 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 of the corporation or on an attachment with an address.

SIGNATURE: ROBERTO RAMPOLLA, SECRETARY

3-31-98

(407) 348-2400