

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000021051 (2)
 1. Corporation Name
NEW HOMES REALTY OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
265 SEVILLA AVENUE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **2468 SW 137 Ave** 26 **2468 SW 137 Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
Miami, FL **Miami, FL**
 23 Zip Country 28 Zip Country
33175 USA **33175 USA**

3. Date Incorporated or Qualified
03/06/1997
 4. FEI Number Applied For
65-0735642 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

g. Name and Address of Current Registered Agent
PEREZ-SIAM, FRANK
265 SEVILLA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name **DE LEON, ROBERT**
 82 Street Address (P.O. Box Number is Not Acceptable)
2468 SW 137 AVE
 83
 84 City **Miami** FL 85 Zip Code **33175**

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 *Robert De Leon* **Robert De Leon** DATE **4/20/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BALERDI, BEATRIZ	
STREET ADDRESS	265 SEVILLA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE LEON, ROBERT	
STREET ADDRESS	265 SEVILLA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BALERDI, BEATRIZ	
1.3 STREET ADDRESS	2468 SW 137 AVE	
1.4 CITY-ST-ZIP	Miami, FL 33175	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	De Leon, Robert	
2.3 STREET ADDRESS	2468 SW 137 AVE	
2.4 CITY-ST-ZIP	Miami, FL 33175	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 reports 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 *Robert De Leon* **Robert De Leon** DATE **4/20/98**

CR2E034 (10/97)