


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

**FILED**  
**Jul 14 1998 8:00am**  
**Secretary of State**

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT #** P97000063731  
 1. Corporation Name  
**CORAL HOMES DEVELOPERS, CORP**

|  |  |
|--|--|
| Principal Place of Business<br><b>1049 EAST 41 ST</b><br><b>HIACLEAH, FL</b><br><b>33013</b> | Mailing Address<br><b>1049 EAST 41 ST</b><br><b>HIACLEAH, FL</b><br><b>33013</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |   |                           |                           |
|--|---|---------------------------|---------------------------|
| 2. Principal Place of Business<br><b>21 14701 SW 173 ST</b><br>Suite, Apt. #, etc.<br><b>22</b><br>City & State<br><b>23 MIAMI, FL</b><br>Zip<br><b>24 33189</b> | 2a. Mailing Address<br><b>26 14701 SW 173 ST</b><br>Suite, Apt. #, etc.<br><b>27</b><br>City & State<br><b>28 MIAMI, FL</b><br>Zip<br><b>29 33189</b> | Country<br><b>25 DADE</b> | Country<br><b>30 DADE</b> |
|--|---|---------------------------|---------------------------|

|  |                                       |  |
|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>07-23-97</b>   | 4. FEI Number<br><b>65-0774917</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |  |

**9. Name and Address of Current Registered Agent**  
**FERNANDEZ MARIO**  
**1049 EAST 41 STREET**  
**HIACLEAH, FL 33013**

**10. Name and Address of New Registered Agent**

|   |                                |
|---|--------------------------------|
| 81 Name<br><b>FERNANDEZ MARIO</b>   |                                |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>14701 SW 173 STREET</b> |                                |
| 83  |                                |
| 84 City<br><b>MIAMI</b>   | 85 Zip Code<br><b>FL 33187</b> |

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]* **MARIO FERNANDEZ - Director** **7-1-98**  
Signature, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

**12. OFFICERS AND DIRECTORS**

|  |                                 |
|--|---------------------------------|
| TITLE<br><b>PD</b>                     | <input type="checkbox"/> DELETE |
| NAME<br><b>FERNANDEZ, MARIO</b>        |                                 |
| STREET ADDRESS<br><b>1049 E 41 ST.</b> |                                 |
| CITY-ST-ZIP<br><b>HIACLEAH, FL</b>     |                                 |
| 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                            |                                 |
| TITLE                                  | <input type="checkbox"/> DELETE |
| NAME                                   |                                 |
| STREET ADDRESS                         |                                 |
| CITY-ST-ZIP                            |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|   |  |
|---|--|
| 1.1 TITLE<br><b>PD</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>FERNANDEZ, MARIO</b>   |  |
| 1.3 STREET ADDRESS<br><b>7201 LOCKNESS DR.</b>  |  |
| 1.4 CITY-ST-ZIP<br><b>MIAMI LAKES, FL 33014</b>   |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY-ST-ZIP   |  |
| 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<br><b>500002589085</b><br><b>-07/15/98--01002--024</b><br><b>***150.00</b> |  |
| 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 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.  
**DIRECTOR -** **305-252-**

CR2E034 (10/97)

2

July 1, 1998

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, FL 32314

Ref.: Coral Homes Developers, Corp.  
P97000063731  
M & D Developers Corporation  
P97000006199  
MACA Development Corp.  
P93000068468  
F & C Development Corp.  
P96000020663

Dear Sir (Madam):

Enclosed please find my Corporation Annual Reports and four checks of \$150.00 each.

I called your office and explained that I had not received the Corporation Annual Report. I was told to explain in writing why I did not receive the annual reports and the penalty would be waived.

Possibly, the reason that I did not receive it was that I moved. My old address was:

1049 East 41 Street  
Hialeah, FL 33013

My new address is :

14701 SW 173 Street  
Miami, FL 33187

Thank you very much for your understanding and please accept my apology for this inconvenience. I have assigned the responsibility to one of my employees to make sure that these reports are filed timely from now on and I will also follow up on this situation in the future.

Sincerely,

  
Mario Fernández-President