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 # P97000076955 (8)

DIMENSION HOMES, INC.

FILED Mar 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					T TOURISM FOR THE PARTY TOUR BURNES BOUND SOUTH	INDER BILLS INDU RUSE		
12351 SW 75 ST 12351 SW 75 ST MIAMI FL 33183 MIAMI FL 33183								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2, Principal Place of Business 2a. Mailing Address						09/05/1997		
21		26. Mailing Address				4. FEI Number 65 – 0779567		olied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	I		· · · · · · · · · · · · · · · · · · ·	\$8.75 Ad	Applicable	
22		27				5. Certificate of Status Desired	Fee Req	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 M		
Zip	Country Zip		Cou	Country		This corporation owes or has paid the	Added to	
24	25	29	30			Personal Property Tax due June 30.	Ves	-
9. Name and Address of Current Registered Agent						10. Name and Address of New Registers		
IGL	ESIAS, THOMAS			81	Name			
12351 SW 75 ST				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33183				83	- CHOOL MOOICE	(box Humber is Not Acceptable)		
				83				
					City	F	85 Zip Co	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						ration authorita this statement for the authority		registered egistered
SIGNATURE	and accept the own	Janona 61, Section 607,0303, 11	Onda Siai	utes.				
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere					signature required	when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	President			1.1 TITLE			☐ Change	☐ Addition
NAME	Thomas Iglesias			1.2 NAME				[;
STREET ADDRESS	12331 BW 73 Btleet			1.3 STREET ADDRESS				Įį
CITY-ST-ZIP TITLE	Miami, Florida 33183			1.4 CITY+ST-ZIP 2.1 TITLE			Change	Addition
NAME	Secretary			2.2 NAME			Change	Addition [
STREET ADDRESS	Haydee B. Iglesias			2.3 STREET ADDRESS		,		
CITY-ST-ZIP	12351 SW 75 Street		J	2.4 CITY-ST-ZIP				
TITLE	Miami, Florida 33183			3.1 TITLE			Change	Addition
NAME				3.2 NAME			counge	
STREET ADDRESS	ss			3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. CITY - ST - ZIP				
TITLE			4.1 TiT				Change	Addition
NAME	4.2		4. 2 N/	4. 2 NAME				
STREET ADDRESS	33		4.3 ST	4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - S		ZIP			
TITLE		DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 \$1		DDRESS			
CITY-ST-ZIP			5.4 CI	4 CITY - ST - ZIP				
TITLE	DELETE		6.1 TIT	6.1 TITLE			Change	Addition
NAME			6.2 NA	6.2 NAME				
STREET ADDRESS			6.3 ST	REET AD	DDAESS			İ
CITY-ST-ZIP	CITY-ST-ZIP 6.40			Y-ST-	ZIP			

1. I nereby certify that the information supplied with this filling 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 amittal report's 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 reporter or trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with part address.

SIGNATURE CHARLES

Thomas Iglesias

3/12/93

305-273-8764

CR2E034 (10/97)