

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

FILED
May 08 1998 8:00am
Secretary of State

DOCUMENT # P97000091740 (5)

1. Corporation Name

FLORIDA HOME ENTERPRISE CORP.

Principal Place of Business

Mailing Address

12239 SW 14 LANE
APT 3403
MIAMI FL 33184-2843

12239 SW 14 LANE
APT 3403
MIAMI FL 33184-2843

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 12460 SW. B ST

22 Suite, Apt. #, etc.
206

23 City & State
MIAMI, FL.

24 Zip
33184

25 Country
USA

2a. Mailing Address

26 12460 SW. B ST.

27 Suite, Apt. #, etc.
206

28 City & State
MIAMI, FL.

29 Zip
33184

30 Country
USA

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

15-0795859

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

9. Name and Address of Current Registered Agent

LEON, ROBERT
12239 SW 14 LANE
APT 3403
MIAMI FL 33184-2843

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, and assume with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Robert Leon

ROBERT LEON PRESIDENT

4/28/98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEON, ROBERT
STREET ADDRESS 12239 SW 14 LANE, #3403
CITY-ST-ZIP MIAMI FL 33184-2843

TITLE VD
NAME ARIAS, MICHAEL
STREET ADDRESS 14381 SW 37 STREET
CITY-ST-ZIP MIAMI FL 33175

TITLE SD
NAME ARIAS, LAURA
STREET ADDRESS 14381 SW 37 STREET
CITY-ST-ZIP MIAMI FL 33175

TITLE TD
NAME LEON, ANA
STREET ADDRESS 12239 SW 14 LANE, #3403
CITY-ST-ZIP MIAMI FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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 of assets 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, on an attachment to this address.

SIGNATURE: Robert Leon PRESIDENT 4/28/98 33-75-3246

CR2E034 (10/97)