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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000100848

1. Corporation Name

R.A. HOMES, INC.

Principal Place of Business	Mailing Address
9350 Southwest 72ND Street Suite 115 Miami Fl 33173	9050 SOUTHWEST 72ND STREET SUITE 115 MIAMI FL 33173
2. Principal Place of Business	2a, Mailing Address

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90024 036 ***150.00



Principal Place of Business Mailing Address								
9350 SOUTHWE	ST 72ND STREET	9350 SOUTHWEST 72ND STRE	ET					
SUITE 115		SUITE 115			BO MOT MODERNIN TH	0.004.05		
MIAMI FL 33173 MIAMI FL 33173					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		-	
					12/01/1997			
2. Principal P	lace of Business	2a. Mailing Address		,	4. FEI Number	L A	pplied For	
21		26			65-0797501		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27			5. Certificate of Status Desired	ed Fee Required		
City & State City & State			<u> </u>	· .	6 Election Campaign Financing 55.00 May Be			
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Countr	/	g. This corporation owes the current year I	ntangible		
24	25	29 30	ו		Personal Property Tax.			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent		
	5. Italio dia riadioce oi occioni		81	Name				
AMERILAWYER			L					
343 ALMERIA AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134			83	ļ				
CORRE GRULES I E 30104		65	']					
			84	City		. 85 Zip	Code	
					F		-	
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								
office or r	egistered agent, or both, in the State o im familiar with, and accept the obligati	t Florida. Such change was auth ons of Section 607 0505. Florida	orized by Statute	tne corpo s.	oration's board of directors. I hereby accept the app	Omminent as i	egistered	
	in familiar with, and accept the congest	51.5 0., 000.00. 50. 100.00,						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature re	equired when reinstating) DATE		 [
12. OFFICERS AND DIRECTORS 13.			13.		ADDITIONS/CHANGES TO OFFICERS /	AND DIRECT	ORS IN 12	
TITLE	PVST	☐ DELETE 1.1 T				Change		
NAME			1,2 NAME					
STREET ADDRESS	COSC COLUMNICOT TOUR OTHERT		1.3 STREE	T ADDRESS				
:	ANAAU CL 00470			ST-ZIP				
CITY-ST-ZIP	MIDMI I C 33 17 3	□ DELETE	2.1 TITLE	,, <u>-</u>		☐ Change	Addition	
			2.2 NAME			_ •		
NAME	_			- +DDDCCC				
STREET ADDRESS				TADDRESS				
OTT OT 710	l .		2 A CITY	ST.712 . I	I			

CITY-ST-ZII Change Addition ☐ DELETÉ 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 suppliemental 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 ampowered 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 or an attachment with an address, with all other like empowered.

SIGNATURE

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