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PROFIT CORPORATION ANNUAL REPORT



FI ORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000014610

NEW HOMES TITLE, INC.

·
2450 S.W. 137TH AVENUE
SUITE 226
MIAMI FL 33175

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90067 014 ***150.00



Mailing Address Principal Place of Business 2450 S.W. 137TH AVENUE SUITE 226 DO NOT WRITE IN THIS SPACE MIAMI FL 33175 3. Date Incorporated or Qualifed 02/13/1998 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Zip Country ☐ Yes Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name A&P REGISTERED AGENT, INC. Street Address (P.O. Box Number is Not Acceptable) 82 2450 S.W. 137TH AVENUE 83 **SUITE 226 MIAMI FL 33175** 85 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE Leon, Ivette Haldren HALPHNE LEON, IVETTE ESQ. 1.2 NAME NAME 2450 SUD 137 AUR, Ste ZZLO 2450 S.W. 137TH AVENUE SUITE 226 1.3 STREET ADDRESS STREET ADDRESS Miani, F1 33175 **MIAMI FL 33175** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE TITLE DeLeon, Lourdes, Sezzus DE LEON, LOURDES 2.2 NAME NAME 2.3 STREET ADDRESS 2450 S.W. 137TH AVENUE SUITE 226 STREET ADDRESS Many F1 33175 2.4 CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP Addition □ DELETE 3.1 TITLE TITLE Hayon, Richard A. ALAYON, RICHARD A 3.2 NAME NAME 2450 Sio 137 Aur, Str 226 3.3 STREET ADDRESS 2450 S.W. 137TH AVENUE SUITE 226 STREET ADDRESS MIANU, H 33175 3.4. CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP Addition ☐ DELETE 4.1 TITLE TITLE Kerek, Laura E. Sezzo 4. 2 NAME KEREK, LAURA E 2450 SUD 137 AUR, 2450 S.W. 137TH AVENUE SUITE 226 4.3 STREET ADDRESS STREET ADDRESS mianu, 1 32175 **MIAMI FL 33175** 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change [] Addition DELETE 51TD F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition 6.1 TITLE ☐ DELETE 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 fling 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 attag ss, with all other like empowered.

SIGNATURE:

(11/98)CR2E034 - :-

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