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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90195 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000046058

1. Corporation Name

HOME ATTITUDES, INC.

Principal Place of Business

151 MAJORCA AVENUE
SUITE C
CORAL GABLES FL 33134

Mailing Address

151 MAJORCA AVENUE
SUITE C
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2238 WESTON ROAD Suite, Apt. #, etc. 22 City & State 23 WESTON, FL Zip 24 33326 Country 25 USA	2a. Mailing Address 26 2238 WESTON ROAD Suite, Apt. #, etc. 27 City & State 28 WESTON, FL Zip 29 33326 Country 30 USA
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3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

65-0841817

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PFATS, GABRIEL
151 MAJORCA AVENUE
SUITE C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **LEOPOLDO GOMEZ**
82 Street Address (P.O. Box Number is Not Acceptable) **245 SE 18th ST #430**
83
84 City **MIAMI** **FL** **85 Zip Code** **33131**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DPST
NAME	MATTSON, SANDRA PIA	1.2 NAME	PEREIRO, MIRTHA
STREET ADDRESS	151 MAJORCA AVENUE, SUITE C	1.3 STREET ADDRESS	2238 WESTON ROAD
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	WESTON, FL 33326
TITLE	DVT	2.1 TITLE	ID
NAME	PEREIRO, MIRTHA	2.2 NAME	PEREIRO, MARIO
STREET ADDRESS	151 MAJORCA AVENUE, SUITE C	2.3 STREET ADDRESS	2238 WESTON ROAD
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	WESTON, FL 33326
TITLE	D	3.1 TITLE	
NAME	PIQUET, ALEJANDRO	3.2 NAME	
STREET ADDRESS	151 MAJORCA AVENUE, SUITE C	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PEREIRO, MARIO	4.2 NAME	
STREET ADDRESS	151 MAJORCA AVENUE, SUITE C	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.073(i), Florida Statutes. I further certify that the information 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, with a different like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-99 (asu) 217

CR2E034 (11/98)