

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

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FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90113 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000078886

1. Corporation Name
LAS FLORES HOME, INC.

Principal Place of Business 4960 N.W. 188TH TERRACE MIAMI FL 33055	Mailing Address 4960 N.W. 188TH TERRACE MIAMI FL 33055
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country 25	29 Zip Country 30

3. Date Incorporated or Qualified 09/11/1998	
4. FEI Number 65 0862 937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

VILLAZAN, ALEIDA
 4960 N.W. 188TH TERRACE
 MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name
JULIO A. RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)
4960 N.W. 188th Terrace

83 **Miami, FL 33055**

84 City **Miami** 85 Zip Code **FL 33055**

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: *Julio A. Rodriguez* **Julio A. Rodriguez** DATE: **2/12/99**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	VILLAZAN, ALEIDA
STREET ADDRESS	4960 N.W. 188TH TERRACE
CITY-ST-ZIP	MIAMI FL 33055
TITLE	V <input type="checkbox"/> DELETE
NAME	PEREZ-PUPO, MAYDA M
STREET ADDRESS	4960 N.W. 188TH TERRACE
CITY-ST-ZIP	MIAMI FL 33055
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PEREZ-PUPO, MAYDA M.
1.3 STREET ADDRESS	4960 N.W. 188th Terrace
1.4 CITY-ST-ZIP	MIAMI FL 33055
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RODRIGUEZ, JULIO A
2.3 STREET ADDRESS	4960 N.W. 188th Terrace
2.4 CITY-ST-ZIP	MIAMI FL 33055
3.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CURBELO, ILEANA
3.3 STREET ADDRESS	4960 N.W. 188th Terrace
3.4 CITY-ST-ZIP	MIAMI FL 33055
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 all other like empowered.

SIGNATURE: *Mayda M. Perez-Pupo* **Mayda M. Perez-Pupo** DATE: **2/12/99** 305-622-8884

CR2E034 (11/98)