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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 18 AM 10:49

DOCUMENT # **P98000080085**

1. Corporation Name
SOUTHERN HOMES OF BROWARD, INC.

Principal Place of Business	Mailing Address
7990 S.W. 117TH AVENUE SUITE 135 MIAMI FL 33183	7990 S.W. 117TH AVENUE SUITE 135 MIAMI FL 33183

02-27-99 90034 039 $158.75
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1998

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

4. FEI Number: ☐ 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

WAYNE, ROBERT
1225 S.W. 87TH AVE
MIAMI FL 33174

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	Secretary ☐ Change ☐ Addition
NAME	AQUIRRE, GERARDO L	12 NAME	Gerardo Aquirre
STREET ADDRESS	7990 S.W. 117TH AVENUE	13 STREET ADDRESS	7990 SW 117TH AVE #135
CITY-ST-ZIP	MIAMI FL 33183	14 CITY-ST-ZIP	Miami Fl. 33183
TITLE	D ☐ DELETE	21 TITLE	President ☐ Change ☑ Addition
NAME	GARCIA, HECTOR	22 NAME	Hector Garcia
STREET ADDRESS	7990 S.W. 117TH AVENUE	23 STREET ADDRESS	7990 SW 117TH AVE #135
CITY-ST-ZIP	MIAMI FL 33183	24 CITY-ST-ZIP	Miami Fl. 33183
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

DA 10/21

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: _____ Hector Garcia 1/20/99 (305) 596-5393
(AUTHORIZED SIGNATURE) (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)