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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S77693

(7)

FIRST HOUSE, INC.

Mailing Address

-11468-SW-96TH-LN., MIAMU FL 33173...

Principal Place of Business

44469 SW 95TH LN ..

FILED Apr 06 1998 8:00am Secretary of State



MIANEL 33	173-	MIAMI FL 33173		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				09/04/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 60:	50 SW 3.5 St.	26 6050 SW	<u>, 35 St.</u>	65-0281487	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	CI	6. Election Campaign Financing	\$5.00 May Be
	mi, PL	28 Miami	<u> </u>	Trust Fund Contribution	Added to Fees
─ Zip マa	Country 15 A	- Zip 32156 -	Country	8. This corporation owes or has paid the cu	
24 50		29 -3133			Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent POLICOLIDE MADIA A 81 Name					
BOUCOUNT, MARIA A.					
-11460 SW-86TH LANE				ddress (P.O. Box Number is Not Acceptable)	
MIAMI FL 39179 83				50 SW 35 Street	*
			63		
			84 City		85 Zip Code
44 Duracioni	to the provisions of Castiana COZ OFOO			Miami FL	33 <i>5</i> 5
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					
12.	Signature, typed or printed name of registered agent of OFFICERS AND		egistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 48
TITLE	P OF FIGURE AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	SOLDO, ALESSANDRO	been	1.2 NAME		E change LI Addition
STREET ADDRESS	11468-9:W:-00TH-LANE			6050 SW 35 Street]
CITY-ST-ZIP	MAMIFE		I -		Į.
TITLE	T	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Miami FL 33155	Change Addition
NAME	MARTINEZ, ANNIE		2.2 NAME		El cligible Youlifold
STREET ADDRESS	11400 S.W. 98TH LANE			6050 SW 85 SWeet	
CITY-ST-ZIP	*MAMI-FL				
TITLE	Š	☐ DELETE	3.1 TITLE	Hiami, FL 33155	Change Addition
NAME	BOUCOURT, A. MARIA		3.2 NAME		E custific E vocation
STREET ADDRESS	11468 SW BETH LANE		3.3 STREET ADDRESS	oso sus 36 Street	
CITY-ST-ZIP	MAMITL				
TITLE	177H WYH 1 %	DELETE	3.4. CITY-S1-ZIP 4.1 TITLE	liani FL 33155	Change Addition
NAME			4.2 NAME		The surviver The Vocation
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TIFLE		Change Addition
NAME			5.2 NAME		principle
STREET ADDRESS		į	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	-	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		C Allega C Valuabil
STREET ADORESS					
CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I hereby co	ertify that the information supplied with	this filing does not qualify for the	6.4 CITY-ST-ZIP	in Section 119 07(3Vi) Florida Statutes I further co	utify that the information
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.					

alac loo