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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$96181

(0)

SUPERIOR HOMES, INC.

| FILED | |
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| Apr 09 1997 8:00an | 1 |
| Secretary of State | |



| Principal Place of Business Mailing Address 115 MADEIRA AVENUE 13401 NORTHWEST 6 STREET CORAL GABLES FL 33134 MIAMI FL 33184-1141 US | | | | | | |
|---|---|---|--------------------------------|--|-----------------------------|---------------------------------------|
| | | · | | 3. Date Incorporated or Qualified 11/25/1991 | 3a. Date of La 07/30/199 | st Report)6 |
| 2. Principal P | lace of Business | 28. Mailing Address 26. (024 N.W. K | 35 Court | 4. FEI Number 65-0298737 | | Applied For Not Applicable |
| Suite, Apt | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | 5 Additional Required |
| City & State | e | 28 Milmi, F | | Election Campaign Financing Trust Fund Contribution | | 00 May Be led to Fees |
| Zip 24 | Country 25 | | compliny d | | Yes No | er s. 199.032, |
| | 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New Re | egistered Agent | |
| | ENAGA, BERNARDO | | 81 Name | | | 1 |
| 8344 SOUTH WEST 8TH STREET MIAMI FL 33144 | | | 82 Street Add | Iress (P.O. Box Number is Not Accepta | ble) | |
| | | | 83 | | | |
| | | | 84 City | | FL 65 | Zip Code |
| SIGNATURE | Stor of Tolland private rame of Getered a | te of Florida. Such change was at gations of, Section 607,0505, Flor BERNARDO GOENAC good and title 4 applicable. (NOTE ND DIRECTORS | | poration submits this statement for the tition's board of directors. I hereby acce DENT JIPH Men reinstating) ADDITIONS/CHANGES TO OFFICE | /97 DATE | |
| TITLE | PD OFFICERS A | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFIC | Char | |
| NAME | GOENAGA, BERNARDO | otten | 1.2 NAME | | | igo C Asoliton |
| STREET ADDRESS | 8344 SOUTHWEST 8TH STR | EET | 1.9 STREET ADDRESS | | | |
| City - St - ZiP | MIAMI FL | | 1.4 CITY-ST-ZIP | | | 1 |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Char | nge 🔲 Addition |
| NAME | | | 2.2 NAME | | | İ |
| STREET ADORESS | | | 2.3 STREET ADDRESS | | | į |
| C(1Y-S1-7)P | | | 2.4 CITY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · |
| THLE | | ☐ DELETE | 3.1 TITLE | | ☐ Char | nge 🔲 Addition |
| NAME OTHER ASSESSED | | | 3.2 NAME 3.3 STREET ADDRESS | | | |
| STREET ADDRESS CITY - S1 - 74P | | | 3.4 CITY-ST-ZIP | | | |
| TIDLE | | DELETE | 4.1 TITLE | | ☐ Char | nge Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | ł |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Chai | nge Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST 7IP | | Drift. | 54 CITY-ST-ZIP | | ☐ Char | na Adabias |
| THEF MANAGE | | ☐ DELETE | 61 TITLE | | L_I Châr | nge 🔲 Addition |
| NAME PEUGEZ APPROCES | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | 1 |
| C(1Y+S1+ZIP | L | | 6.4 CITY-ST-ZIP | | | |

14. I do 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. 150 美国国际 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #