PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

V05165

(8)

AOA HOME, INC.

DOCUMENT # 1. Corporation Name

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Principal Place of Business	Maing Address
9296 NEPTUNE BASIN COURT	9296 NEPTUNE BASIN COURT

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riucipal Flace (of Business	Mailing Address					
	E BASIN COURT	9296 NEPTUNE B					
BOCA RATON	FL 33434	BOCA RATON FL	. 33434		Date Incorporated or Qualified	3a. Date of Last	Report
					12/31/1991	02/22/19	
Or resignal Disa	ce of Business	2a. Mailing Addres	<u> </u>		4. FEI Number	VEICE	Applied For
trinopai ma	CE OF DUSTRESS	26	•		65-0338284		Not Applicat
Suite, Apt. #		Suite, Apt #, e	ito.		5. Certificate of Status Desired	7 -	5 Additional Required
City & State		Orty & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
 Zip	Country	Zip	Co	untry	8. This corporation has liability for i		s 199.032,
•	25	29	30		Florida Statutes		
	Name and Address of Current	t Registered Agent		1	10. Name and Address of New R	egisterea Agent	
				81 Name			
OTERO,	JORGE E.			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	NCIA AVENUE			83			
FOURTH				63			
CORAL (GABLES FL 33134			84 City		FL 85	Zip Code
			Contract No.		ration submits this statement for the pur ird of directors. I hereby accept the app	rocea of changing it	s registered o
	Styledore, typed to print 1 mile of tage to extages. OFFICERS ANI		13	ed Agent signature require	ADDITIONS/CHANGES TO OFF		
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Ai.	GOMEZ, ALVARO			NAME			
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Too nelegy certry that the information supplies with this limit is voluntarily humanies and quarry for the exemption stated in Section 119.07(a)(k), Florida statutes. Truther 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 direction 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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

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