

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V16707

(4)

1. Corporation Name

HOMEDCOR, S.L., INC.

Principal Place of Business

9094 SOUTH U.S. HIGHWAY 1
PORT ST. LUCIE FL 34952

Mailing Address

9094 SOUTH U.S. HIGHWAY 1
PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified
02/25/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0314482

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. or Box
22 HOMEDECOR S.L. INC.
1666 Village Green Dr.
23 City & State
Port St. Lucie, FL 34952
24 Zip
25 Country
26 Suite, Apt. or Box
27 HOMEDECOR S.L. INC.
1666 Village Green Dr.
28 City & State
Port St. Lucie, FL 34952
29 Zip
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHALONEC, GEORGES
1942 SOUTHEAST CARVAHO STREET
PORT ST. LUCIE FL 34983

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 607.1506, 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

Signature (typed or printed name of the person signing this statement)

(If 2011: Registered Agent's Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
CHALONEC, GEORGES
1942 SE CARVALHO ST.
PORT ST. LUCIE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
CHALONEC, MARGUERITE
9094 SOUTH US HIGHWAY 1
PORT ST. LUCIE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SAINTE-ROSE, PIERRE
9094 SOUTH US HIGHWAY 1
PORT ST. LUCIE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marguerite Chalonec

3-20-96

Date

Daytime Phone #

407-340-5800

CR2E034 (12/95)