

FILED  
Apr 10 1997 8:00am  
Secretary of State

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|--|--|--|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997  |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  | Apr 10 1997 8:00am<br>Secretary of State   |  |
| DOCUMENT # V21057 (7)  |  |  |  | 1. Corporation Name<br>RIGHT TOUCH LAND DESIGNS, INC.  |  |
| Principal Place of Business<br>120 ROYAL PALM RD.<br>UNIT 105, BLDG. 2<br>HALEAH GARDENS FL 33016  |  | Mailing Address<br>12775 SW 189TH STREET<br>MIAMI FL 33177-3722                                    |  | 3. Date Incorporated or Qualified<br>03/16/1992  |  |
| 2. Principal Place of Business   |  | 2a. Mailing Address  |  | 3a. Date of Last Report<br>05/01/1996  |  |
| 21 Suite, Apt. #, etc.   |  | 26 Suite, Apt. #, etc.   |  | 4. FEI Number<br>65-0311862  |  |
| 22 City & State  |  | 27 City & State  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 23 Zip   |  | 28 Zip   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                      |  |
| 24 Country   |  | 29 Country   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>HERNANDEZ, JUAN C.<br>12775 S.W. 189 ST.<br>MIAMI FL 33177  |  |  |  | 10. Name and Address of New Registered Agent   |  |
| 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.  |  |  |  | 81 Name  |  |
| SIGNATURE  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |
| Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)   |  |  |  | 83   |  |
| DATE   |  |  |  | 84 City  |  |
| 12. OFFICERS AND DIRECTORS   |  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| 1. TITLE D HERNANDEZ, JUAN C. <input type="checkbox"/> DELETE  |  |  |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 2. NAME HERNANDEZ, JUAN C.   |  |  |  | 1.2 NAME   |  |
| 3. STREET ADDRESS 12775 S.W. 189 ST  |  |  |  | 1.3 STREET ADDRESS   |  |
| 4. CITY-ST-ZIP MIAMI FL  |  |  |  | 1.4 CITY-ST-ZIP  |  |
| 5. TITLE D HERNANDEZ, GLORIA <input type="checkbox"/> DELETE   |  |  |  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 6. NAME HERNANDEZ, GLORIA  |  |  |  | 2.2 NAME   |  |
| 7. STREET ADDRESS 12775 S.W. 189 ST  |  |  |  | 2.3 STREET ADDRESS   |  |
| 8. CITY-ST-ZIP MIAMI FL  |  |  |  | 2.4 CITY-ST-ZIP  |  |
| 9. TITLE <input type="checkbox"/> DELETE   |  |  |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 10. NAME   |  |  |  | 3.2 NAME   |  |
| 11. STREET ADDRESS   |  |  |  | 3.3 STREET ADDRESS   |  |
| 12. CITY-ST-ZIP  |  |  |  | 3.4 CITY-ST-ZIP  |  |
| 13. TITLE <input type="checkbox"/> DELETE  |  |  |  | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 14. NAME   |  |  |  | 4.2 NAME   |  |
| 15. STREET ADDRESS   |  |  |  | 4.3 STREET ADDRESS   |  |
| 16. CITY-ST-ZIP  |  |  |  | 4.4 CITY-ST-ZIP  |  |
| 17. TITLE <input type="checkbox"/> DELETE  |  |  |  | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 18. NAME   |  |  |  | 5.2 NAME   |  |
| 19. STREET ADDRESS   |  |  |  | 5.3 STREET ADDRESS   |  |
| 20. CITY-ST-ZIP  |  |  |  | 5.4 CITY-ST-ZIP  |  |
| 21. TITLE <input type="checkbox"/> DELETE  |  |  |  | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 22. NAME   |  |  |  | 6.2 NAME   |  |
| 23. STREET ADDRESS   |  |  |  | 6.3 STREET ADDRESS   |  |
| 24. CITY-ST-ZIP  |  |  |  | 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. |  |  |  |  |  |
| SIGNATURE: Juan Hernandez 4-7-96 283-3212  |  |  |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  |  |  |  |