FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # V44773 (2)

1. Corporation Name
RICHMOND HOMES SOUTH CORP.

Principal Place of Business
13232 S.W. 62ND LANE
MIAMI FL 33165

Mailing Address
P.O. BOX 651159
MIAMI FL 33165

3. Date Incorporated or Qualified: 06/19/1992
3a. Date of Last Report: 02/03/1995
4. FEI Number: 65-0343449 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

GARCIA JUAN J
13532 SW 62 LN
MIAMI FL 33183

10. **Name and Address of New Registered Agent**

81 Name: Ana R. Craft P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 13701 N. Kendall Dr.
83 Suite 303
84 City: Miami FL 85 Zip Code: 33186

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: ANA R. CRAFT, P.A. [signature] PRESIDENT — 2-16-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	VPSD	☐ DELETE
NAME	ABREU, MIRTA	
STREET ADDRESS	11922 SW 136 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☑ DELETE
NAME	GARCIA, JUAN J	
STREET ADDRESS	13532 SW 62 LN	
CITY-ST-ZIP	MIAMI FL	
TITLE	Carlos A. Rodriguez	☐ DELETE
NAME	Pres/Dir.	
STREET ADDRESS	13522 SW 62 Ln	
CITY-ST-ZIP	Miami FL 33265	
TITLE	Gabino Rodriguez	☐ DELETE
NAME	VPSD	
STREET ADDRESS	13522 SW 62 Ln.	
CITY-ST-ZIP	Miami FL 33265	
TITLE	Jorge L. Rodriguez	☐ DELETE
NAME	Treasurer	
STREET ADDRESS	13522 SW 62 Ln	
CITY-ST-ZIP	Miami FL 33265	
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		

CR2E034 (12/95)

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] 1-17-95 305 387-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #