

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 # **M72417 (2)**
1. Corporation Name
HOME SERVICES, INC.



Principal Place of Business: **16345 W DIXIE HWY STE 263 N. MIAMI FL 33160 US**
Mailing Address: **1515 NE 138TH ST N. MIAMI FL 33161 US**

2. Principal Place of Business: [21] - [22] Suite, Apt. #, etc. [23] City & State [24] Zip [25] Country
2a. Mailing Address: [26] - [27] Suite, Apt. #, etc. [28] City & State [29] Zip [30] Country

3. Date Incorporated or Qualified: **03/11/1988** 3a. Date of Last Report: **08/03/1995**
4. FEI Number: **65-0032020** 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

9. Name and Address of Current Registered Agent
**OLIVERAS, CARLOS
1515 NE 138TH ST
N. MIAMI FL 33161**

10. Name and Address of New Registered Agent
81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: []
85 Zip Code: **FL**

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] (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	[] Change [] Addition
NAME	OLIVERAS, CARLOS	1.2 NAME	[] Change [] Addition
STREET ADDRESS	1515 NE 138TH ST	1.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	2.1 TITLE	[] Change [] Addition
NAME	[] DELETE	2.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	2.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	2.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME	[] DELETE	3.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	3.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	3.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME	[] DELETE	4.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	4.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	4.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME	[] DELETE	5.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	5.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	5.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME	[] DELETE	6.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	6.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	6.4 CITY-ST-ZIP	[] Change [] Addition

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] **CARLOS OLIVERAS** 6/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)