

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **16345 W DIXIE HWY STE 889 N. MIAMI FL 33160 US**  
Mailing Address: **1515 NE 138TH ST N. MIAMI FL 33161-3519 US**

3. Date Incorporated or Qualified: **03/11/1988**  
3a. Date of Last Report: **06/18/1996**  
4. FEI Number: **65-0032020**  
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: **8207 Royal Sand Cir.**  
2a. Mailing Address: **P.O. Box 272322**  
22. Suite, Apt. #, etc.: **205**  
23. City & State: **Tampa FL**  
24. Zip: **33615** Country: **Hillsborough**  
25. City & State: **Tampa FL**  
26. Zip: **33688** Country: **Hillsborough**

9. Name and Address of Current Registered Agent: **OLIVERAS, CARLOS 1515 NE 138TH ST N. MIAMI FL 33161**  
Handwritten: **8207 Royal Sand Cir Tampa FL 33615**

10. Name and Address of New Registered Agent:  
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 607.1508, 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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIVERAS, CARLOS</b>	1.2 NAME	<b>DP. Oliveras Carlos</b>
STREET ADDRESS	<b>1515 NE 138TH ST</b>	1.3 STREET ADDRESS	<b>8207 ROYAL SAND CIR, 205</b>
CITY-ST-ZIP	<b>N. MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>TAMPA FL 33615</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>VT. OLIVERAS ALEXANDRA</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>8207 ROYAL SAND CIR 205</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>TAMPA FL 33615</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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, on an attachment with an address.

SIGNATURE: **Carlos Oliveras** 4/15/97 (213) 290 0309

CP2E034 (9/96)