

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K80929

(8)

1. Corporation Name:

FEDERAL HOUSING CORPORATION

Principal Place of Business:

**444 BRICKELL AVENUE
SUITE 51-246
MIAMI FL 33131**

Mailing Address:

**444 BRICKELL AVENUE
SUITE 51-246
MIAMI FL 33131**

**APPROVED
AND
FILED**

MAY -1 PM 2:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/13/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0120444	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 authority for participating in under 21 of 2002 Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC
100 S E SECOND ST
2315-A
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.09(3) and 607.15(8) 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 607.09(3) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	AS XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	1. NAME	AS CARBAYO, E.
2. STREET ADDRESS		2. STREET ADDRESS	444 Brickell Ave. #51-246
3. CITY & STATE		3. CITY & STATE	Miami, FL 33131
4. NAME	S GAVARD, J.	4. NAME	
5. STREET ADDRESS	444 BRICKELL AE #51-246	5. STREET ADDRESS	
6. CITY & STATE	MIAMI FL	6. CITY & STATE	
7. NAME	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	7. NAME	DP HENLEY, J.
8. STREET ADDRESS		8. STREET ADDRESS	444 Brickell Ave. #51-246
9. CITY & STATE		9. CITY & STATE	Miami, FL 33131
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY & STATE		18. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.09(3) and 607.15(8) Florida Statutes. I further certify that the information included 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 is, generally on behalf of the corporation or the board of directors empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *E. Carbayo* **E. Carbayo 4/28/95 305-358-9991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR