FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N09286 (8)

1. Corporation Name
RESIDENTIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1489 S. UNIVERSITY DRIVE PLANTATION FL 33324-1017	1489 S. UNIVERSITY DRIVE PLANTATION FL 33324-1017

3. Date Incorporated or Qualified: 05/14/1985
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business
21: 1357 S. University Dr
22: Suite, Apt. #, etc.
23: City & State: Plantation FL. 33324-1017
24: Zip
25: Country

2a. Mailing Address
26: 1357 S. University Dr
27: Suite, Apt. #, etc.
28: City & State: Plantation FL. 33324-1017
29: Zip
30: Country

4. FEI Number: 59-2534130 ☐ 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

OJITO, TERE
20081 N.W. 5 STREET
PEMBROKES PINES FL 33029

10. Name and Address of New Registered Agent

81 Name: Ojito Tere
82 Street Address (P.O. Box Number is Not Acceptable): 1357 S. University Dr
83: Plantation
84 City: FL 85 Zip Code: 33324-1017

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLER, SAM		1.2 NAME	
STREET ADDRESS	2040 NE 182 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRZOZA, JOSEPH,		2.2 NAME	
STREET ADDRESS	627 HICKORY ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JAVALLANA, TY		3.2 NAME	
STREET ADDRESS	543 S. CRESCENT DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KERZNER, MICHAEL DPM		4.2 NAME	
STREET ADDRESS	893 N.E. 125 ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161		4.4 CITY-ST-ZIP	
TITLE	PD	☒ DELETE	5.1 TITLE	PD ☒ Change ☐ Addition
NAME	MESTEL, ART		5.2 NAME	BROZA Joseph
STREET ADDRESS	3350 NE 192 ST		5.3 STREET ADDRESS	627 Hickory Rd
CITY-ST-ZIP	MIAMI FL 33180		5.4 CITY-ST-ZIP	Naples FL. 33963
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	100001763071
STREET ADDRESS			6.3 STREET ADDRESS	-03/29/96--01086--007
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25

CR2E037 (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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/21/96 954-424-3328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3-28-1996