FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90081 012 ****61.25

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DOCUMENT # N93000004338

1. Corporation Name
JUBILEE COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
742 NW 12TH AVENUE MIAMI FL 33136 US	742 NW 12TH AVENUE MIAMI FL 33136 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/20/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0441965 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUDORF, FRANCIS V ~~2828 CORAL WAY~~ ~~SUITE 303~~ ~~MIAMI FL 33145~~	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable): 742 NW 12th Avenue 83 84 City: Miami FL 85 Zip Code: 33136

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	BUNKER, JUDITH	1.2 NAME	
STREET ADDRESS	16201 SW 95 TH AVE SUITE 112	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	LIMA, FELIX	2.2 NAME	Lima, Felix
STREET ADDRESS	8360 W FLAGLER ST SUITE 200	2.3 STREET ADDRESS	8360 W. Flagler St., Suite 200
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	Miami, Fl. 33144
TITLE	TD ☐ DELETE	3.1 TITLE	CD ☒ Change ☐ Addition
NAME	MASVIDAL, RAUL	3.2 NAME	Masvidal, Raul
STREET ADDRESS	2151 LE JEUNE RD SUITE 202	3.3 STREET ADDRESS	1401 Ponce de Leon Blvd., Suite 402
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FIKE, DAVID	4.2 NAME	
STREET ADDRESS	11300 NE 2ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	4.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	BROWN, DR J	5.2 NAME	Brown, Dr. J
STREET ADDRESS	10066 W INDIGO ST	5.3 STREET ADDRESS	10066 W. Indigo St.
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	Miami, Fl. 33157
TITLE	SD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COOPER THOMAS	6.2 NAME	
STREET ADDRESS	5851 SW 87TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SO MIAMI FL 33143	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1/20/99 (Date) — 305-326-8900 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Francis V. Gudorf, President

CR2E037 (11/98)

N93000004338

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title: P
Name: Francis V. Gudorf
Street Address: 742 NW 12th Avenue
City-St-Zip Miami, Florida 33136

Title: VP
Name: Robert A. Chambers
Street Address: 4649 Ponce de Leon Blvd., Suite 300
City-St-Zip Coral Gables, Florida 33146

Title: T
Name: Martha S. Tabio
Street Address: 1801 SW 1st Street
City-St-Zip Miami, Florida 33135