

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90032 038 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N98000003495**

1. Corporation Name  
**1262 COOPERATIVE-MODEL HOUSING, INC.**

Principal Place of Business  
 1262 N.W. 5TH STREET  
 MIAMI FL 33126

Mailing Address  
 1262 N.W. 5TH STREET  
 MIAMI FL 33126



|                                |  |                     |                                |   |  |
|--------------------------------|--|---------------------|--------------------------------|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |                                | 3. Date Incorporated or Qualified   |  |
| 21                             |  | 26                  | 782 N.W. 42 <sup>ND</sup> AVE. | 06/16/1998  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |                                | 4. FEI Number   |  |
| 22                             |  | 27                  | #3                             | 65-0928086  |  |
| City & State                   |  | City & State        |                                | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required         |  |
| 23                             |  | 28                  | MIAMI FLA                      | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Zip                            |  | Zip                 |                                |   |  |
| 24                             |  | 29                  | 33126                          | 30 MIAMI-DADE   |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                              |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| GODOY, ROBERTO A ESQ.<br>782 M.W. LE JEUNE ROAD<br>SUITE 3<br>MIAMI FL 33126 |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D VICE-SECRETARY <input type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       | GARCIA, RAFAEL                                     | 1.2 NAME  |  |
| STREET ADDRESS             | 1262 N.W. 5TH STREET #1                            | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33126                                     | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D -PRESIDENT <input type="checkbox"/> DELETE       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       | LOPEZ, MARIA D                                     | 2.2 NAME  |  |
| STREET ADDRESS             | 1262 N.W. 5TH STREET #2                            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33126                                     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D - TREASURER <input type="checkbox"/> DELETE      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       | CHAVEZ, GREGORIA                                   | 3.2 NAME  |  |
| STREET ADDRESS             | 1262 N.W. 5TH STREET #3                            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33126                                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE       | 4.1 TITLE   | D- VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PIZ, JULIANA N                                     | 4.2 NAME  | LAZARO CARMENATES  |
| STREET ADDRESS             | 1262 N.W. 5TH STREET #4                            | 4.3 STREET ADDRESS                                    | 1262 N.W. 5th Street # 4   |
| CITY-ST-ZIP                | MIAMI FL 33126                                     | 4.4 CITY-ST-ZIP                                       | Miami, FL. 33126   |
| TITLE                      | D - VICE-TREASURER <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       | LORENZO, ALEIDA                                    | 5.2 NAME  |  |
| STREET ADDRESS             | 1262 N.W. 5TH STREET #5                            | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33126                                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D - SECRETARY <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       | GONZALEZ, INES M                                   | 6.2 NAME  |  |
| STREET ADDRESS             | 1262 N.W. 5TH STREET #5                            | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33126                                     | 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: Maria D Lopez PRESIDENT 7/10/99 (305) 682-8707  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003362  
CR2E037 (5/99)