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	1 288833
(Requestor's Name)	
(Address)	-
(nuuress)	
(Address)	<sup>-</sup>
(City/State/Zip/Phone #)	-
(City/Glate/Ztpir-tione #)	
<b>.</b>	·
PICK-UP WAIT MAIL	
(Dusings Entitle Name)	-
(Business Entity Name)	
,	
(Document Number)	-
Certified Copies Certificates of Status	/
Special Instructions to Filing Officer:	]
Special frattuctions to Filling Officer.	
	1

Office Use Only



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## DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS

Epo 22 1 -5 54 1220

(Form COR 820) Rev. 11/18/78

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE " ""

READ NOTICE AND		UCTIONS ON OTHER SIDE BI STAPLE CHECK TO ANNUAL RI		AKING ENTRI	ES 🛌	
1. Name and Address of Corporation Principal Office:			2. Enter Change of Audress of Corporation Principal			
617998			Office, P.O. Box Number Atone is NOT Sufficient. Street Address			
RELATED HOUSING COMPANIES OF FLA., INC.			Giret Address			
C/O C T CORPORATION SYSTEM		P.O. Box No.				
100 SISCAYNE BLV						
		City				
If above address is incorrect in any way, enter the correct address in item 2, include Zip Code.		State Zip Code		Zip Code		
Date incorporated or Qualified     To Do Business in Florida     4/19	1979	4. Federal Employer Identification Number 59 - 191517 (FEIN)	3 3	. Prie of Last Report		
6. Names and Street Addresses of Each Officer and Director						
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numb	City and State			
ROSS, STEPHEN M.	D , VP	215 E. 62ND ST.	NEW YORK, N.Y.			
PEREZ JORGE	ρ	7511 S.W. 118TH STREET		MIAMI, FLA	33116	
	-	ì				
				į.		
7. Registered Agent Information						
Name				nge the Registeri d Office a sepa		
C T CORPORATION SYSTEM Street Aridress (Do NOT Use P.O. Box Number)				the new Regist		
100 BISCAYNE BLVD.				by the Presiden		
City, State and Zip Code				e corporation mu	ist be filed with	
HIAHI, FL		33132	a fee of \$3.			
s. See signature restrictions under instructions on reverse side of this form.  I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.						
Typed Name of Signing Officer  STEPHEN M. ROSS		Title V. P.		Telephane Num		
Signature AU/ 1 16n			`	Date 3/	נק/רי	

. 617998 04-17-80

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