

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

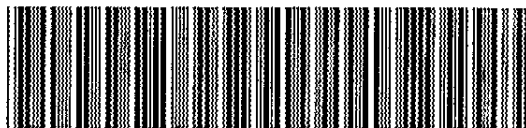
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:


[Empty rectangular box for special instructions]

Office Use Only



600037716196

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

<p>CORPORATION ANNUAL REPORT 1984</p>		<p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p>	<p>APPROVED MAY 15 3 24 AM 1984</p>
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Read Notice and Instructions on Other Side Before Making Entries.
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

<p>1. Name and Address of Corporation Principal Office</p> <p>617998 RELATED HOUSING CORPORATION OF FLORIDA 4125 LAGUNA STREET CORAL GABLES, FL 33146</p> <p><small>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</small></p>	<p>2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient</p> <p>Street Address</p> <p>P.O. Box No.</p> <p>City</p> <p>State</p> <p>Zip Code</p>
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<p>3. Date Incorporated or Qualified To Do Business in Florida</p> <p>04/19/1979</p>	<p>4. Federal Employer Identification Number (FEIN)</p> <p>59-1915173</p>	<p>5. Date of Last Report</p> <p>03/11/1982</p>
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6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 PEREZ, JORGE M	P/T	4125 LAGUNA STREET	CORAL GABLES, FL
2 SEYHOOR, JAMES D JR	V/P	4125 LAGUNA STREET	CORAL GABLES, FL
3 ROSS, STEVEN M	V/P/S	4125 LAGUNA STREET	CORAL GABLES, FL

7. Registered Agent Information	
Name and Address of Current Registered Agent	Name and Address of New Registered Agent
C T CORPORATION SYSTEM 8751 W BROWARD BLVD PLANTATION, FL 33324	Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____ DATE

SIGNATURE _____ (Registered Agent Accepting Appointment) _____ DATE

\$3.00 additional fee required for Registered Agent changes.

10. 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.

Signature	Date
	1/6/84
Name of Signing Officer	Telephone Number
Jorge Perez	4481730
Title	
PRG	

11. Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment.

CERTIFICATE OF STATUS DESIRED

\$5 Additional fee required for certificates.

COR 62011 84