

**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 # 741498 (0)**  
1. Corporation Name  
**MIAMI BEACH HOUSING, INC.**



Principal Place of Business: **150 ALTON ROAD MIAMI FL 33139**  
Mailing Address: **150 ALTON ROAD MIAMI FL 33139**

3. Date Incorporated or Qualified: **02/01/1978**  
3a. Date of Last Report: **03/06/1995**  
4. FEI Number: **59-0603186**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
City & State, Suite, Apt. #, etc., Zip, Country

9. Name and Address of Current Registered Agent  
**NEVEL, DAVID H  
200 ALTON RD.  
MIAMI BCH. FL 33139**

10. Name and Address of New Registered Agent  
81 Name: **TOM CALDERON**  
82 Street Address (P.O. Box Number Is Not Acceptable): **200 ALTON ROAD**  
83  
84 City: **MIAMI BEACH** FL 85 Zip Code: **33139**

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: *Tom Calderon* **TOM CALDERON** 2/2/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEVEL, DAVID H	
STREET ADDRESS	650 - 51ST TERR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CALDERON, TOM	
STREET ADDRESS	1062 S.W. 139TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAMSOE, LINDA	
STREET ADDRESS	65 NW 105TH ST.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CALDERON, TOM	
1.3 STREET ADDRESS	1062 S.W. 138th Place	
1.4 CITY-ST-ZIP	Miami, FL 33184	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NEIL MCGUFFIN	
2.3 STREET ADDRESS	547 N.E. 58th Street	
2.4 CITY-ST-ZIP	Miami, FL 33137	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Tom Calderon* **TOM CALDERON** 2/2/96 (305) 432-6401  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)