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Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 741498

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/01/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0603186
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CALDERON, TOM 200 ALTON ROAD MIAMI BEACH FL 33139		81 Name	NEIL MCGUFFIN
		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 *Neil McGuffin* Neil McGuffin 4/26/99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CALDERON, TOM <input type="checkbox"/> DELETE	1.1 TITLE	PD MCGUFFIN, NEIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1062 SW 138TH PLACE	1.2 NAME	547 N.E. 58th Street
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	Miami, FL 33184
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD MCGUFFIN, NEIL <input type="checkbox"/> DELETE	2.1 TITLE	TD BARRIOS, ROLANDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	547 N.E. 58TH STREET	2.2 NAME	915 SW 102 Avenue
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	Miami, FL 33174
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SO SAMSOE, LINDA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	65 NW 105TH ST.	3.2 NAME	
STREET ADDRESS	MIAMI SHORES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Neil McGuffin* NEIL MCGUFFIN 4/26/99 305-532-6401

CR2E037 (1/98)