

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742637 (2)**

1. Corporation Name  
**ALLAPATTAH COMMUNITY ACTION, INC.**



Principal Place of Business <b>2257 NW N. RIVER DR.                  MIAMI FL 33125-2241</b>	Mailing Address <b>2257 NW N. RIVER DR.                  MIAMI FL 33125-2241</b>
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3. Date Incorporated or Qualified <b>05/03/1978</b>	
4. FEI Number <b>59-2000654</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent

**ALLIEGRO, ANSELMO**  
**8520 SW 84 AVE**  
**MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name <b>ANSELMO L. ALLIEGRO</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>825 BRICKELL BAY DR., SUITE 445</b>	
83 City <b>MIAMI</b>	
84 State <b>FL</b>	85 Zip Code <b>33131</b>

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: *Alliegro* DATE: **4-29-98**

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	ARDO, MESA	
STREET ADDRESS	3471 NW 5TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VCT	<input checked="" type="checkbox"/> DELETE
NAME	PACKINGHAM, RALPH	
STREET ADDRESS	1740 NW 55 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GOMEZ, HIRAM	
STREET ADDRESS	4540 SW 68 CT CIRCLE #4	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARAME, JESUS A.	
STREET ADDRESS	3630 SW 28 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUTTON, DOUGLAS	
STREET ADDRESS	12550 W. 44TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EGUES, RANDY	
STREET ADDRESS	16841 NW 80 CT	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VCT
2.3 STREET ADDRESS	EGUES, RANDY
2.4 CITY-ST-ZIP	16841 NW 80th Ct. Hialeah, Fl. 33016
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 checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	MARTINEZ, RICARDO
6.4 CITY-ST-ZIP	5401 Collins Ave. # 1226 Miami Beach, Fl. 33140

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.

SIGNATURE: *Mesa Ardo*

CR2E037 (10/97)