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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90030 006 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 742637

1. Corporation Name
ALLAPATTAH COMMUNITY ACTION, INC.

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| Principal Place of Business 2257 NW N. RIVER DR. MIAMI FL 33125-2241 | Mailing Address 2257 NW N. RIVER DR. MIAMI FL 33125-2241 |
|--|--|



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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 05/03/1978 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2000654 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|---|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| ALLIEGRO, ANSELMO 825 BRICKELL BAY DR STE 445 MIAMI FL 33131 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|-------------------------|
| TITLE | CHRM | 1.1 TITLE | DIR |
| NAME | ARDO, MESA | 1.2 NAME | RICARDO MARTINEZ |
| STREET ADDRESS | 3471 NW 5TH ST | 1.3 STREET ADDRESS | 5401 Collins AVE. #1226 |
| CITY-ST-ZIP | MIAMI FL 33125 | 1.4 CITY-ST-ZIP | MIAMI BEACH, FL. 33140 |
| TITLE | VPT | 2.1 TITLE | |
| NAME | EGUES, RANDY | 2.2 NAME | |
| STREET ADDRESS | 16841 NW 80TH CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIA FL 33016 | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | |
| NAME | GOMEZ, HIRAM | 3.2 NAME | |
| STREET ADDRESS | 4540 SW 68 CT CIRCLE #4 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33155 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | CARAME, JESUS A. | 4.2 NAME | |
| STREET ADDRESS | 3630 SW 26 ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33133 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | |
| NAME | DUTTON, DOUGLAS | 5.2 NAME | |
| STREET ADDRESS | 1550 W. 44TH PLACE E006 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33012 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | |
| NAME | DAUSA, JOSE E | 6.2 NAME | |
| STREET ADDRESS | 9145 FOUNTAINBLEU BLVD. #8 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33172 | 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: [Signature] SIGNATURE REQUIRED 3/15/99 205-633-0466
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)