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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748931 (3)
1. Corporation Name
WASHINGTON HEIGHTS LOCAL DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

1600 NW 3RD AVE
MIAMI FL 33136

1600 NW 3RD AVE
MIAMI FL 33136

3. Date Incorporated or Qualified
09/14/1979

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOX, GEORGE F.
25 WEST FLAGLER STREET
PENTHOUSE
MIAMI FL 33130-8712

Resolution No.

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 617.001 and 617.003, 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 617.003, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date of signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

WILLIAMS, ALVIN

STREET ADDRESS

990 NE 125 ST

CITY-ST-ZIP

MIAMI FL

Subobject #

3333

Project #

Q21A1C0

Reviewed for Compliance

TITLE

D

NAME

HOLLO, TIBOR

STREET ADDRESS

1600 NW 3RD AVE

CITY-ST-ZIP

MIAMI FL

Post Audit

16

C E D Approval

TITLE

STD

NAME

COX, SIDNEY

STREET ADDRESS

1300 NW 3RD AVE

CITY-ST-ZIP

MIAMI FL

TITLE

ED

NAME

BELL, JACKIE

STREET ADDRESS

1600 N.W. 3RD AVENUE

CITY-ST-ZIP

MIAMI FL 33136

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/96 (305) 573-8217

CR2E037 (12/95)