FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757185

(4)

D. A. R. C. HOUSING, INC. Principal Place of Business Mailing Address										
								,		
5555 BISCAYNE MIAMI FL 33137 US	- · · -	5555 BISCAYNE BLVD MIAMI FL 33137-2656 US								
						3. Date Incorporated or Qualified 05/08/1981		te of Last Ro 03/01/198		
2. Principal Pla 21	ace of Business	2a. Mailing Address				4. FEI Number 59-2101518	Applied For Not Applicable			
Suite, Apt i	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing		\$5.00		
23		28				Trust Fund Contribution		Added t		
Zip	Country	Zip	Country	У		8. This corporation has liability for	intangible i		. 199.032	
24	9. Name and Address of Currer		30			Florida Statutes L 10. Name and Address of New Re				
	S. HEIR MIC MONES OF CHILD	** Rinining Chair	81	Name		141 Librilla Mila Lightinda At 14811 [11	******	-94111		
SLACHTER, DAVID				82 Street Address (P.O. Box Number is Not Acceptable)						
15500 NEW BARN ROAD					Address (F.O. Dox Number is Not Acceptable)					
	COURT SUITE 105		83							
MIAMI LA	KES FL 33014		84	City			FL	85 Zip (Code	
11. Pursuant t	o the provisions of Sections 617.050	02 and 617.1508, Florida Statute	s, the abov	e-named	corpor	ation submits this statement for the	purpose of	changing it	is registered	
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig	ations of, Section 617.0503, Flor	rida Statute	y the con is.	poration	ation submits this statement for the n's board of directors. I hereby acce	pt the appo	animent as	registereo	
SIGNATURE _	Signature, lyped or px-riled name of registered ag	ent and title if applicable. (NOTE:	Registered Ac	ent signature	e required	when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI				
TITLE	TD	☐ DELETE	1.1 TITLE		V/			Change	Addition	
NAME	KIRSH, WILLIAM D		1.2 NAME		1					
STREET ADDRESS	2535 REGATTA			T ADDRESS						
CITY-ST-ZIP TITLE	MIAMI BEACH FL PD	DELETE	1.4 CITY- 2.1 TITLE	SI-ZIP	C/1			Change	Additio	
NAME	SLACHTER, DAVID	<u>—</u>	2.2 NAME		s/t	•				
STREET ADDRESS	15500 NEW BARN ROAD ST	E 105		T ADDRESS						
CITY-ST-ZIP	MIAMI LAKES FL	- 144	2. 4 CITY-							
TITLE	SD	DELETE	3.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	1/1)		Change	Additio	
NAME	MAGOLNICK, RENA		3.2 NAME		•					
STREET ADDRESS	7853 SW 112 ST		3.3 STREE	T ADDRESS						
CITY-ST-ZIP	MIAMI FL	□ 60 575	3.4 CITY	ST-ZIP				N 05	1 4 4 3 10	
TITLE	VD	☐ DELETE	4.1 TITLE		P/I	V		Change	Addition	
NAME	REED, BEN		4. 2 NAMI							
STREET ADDRESS	1800 SW 84TH AVE MIAMI FL			T ADDRESS						
CITY - ST - ZIP	VD	☐ DELETE	4.4 GiTY- 5.1 TITLE	31°ZI	†			☐ Change	Addition	
NAME	SLAZAR, HELEN	•	5.2 NAME					-	-	
STREET ADDRESS	6100 SW 84 AVENUE		5.3 STREE	T ADDRESS						
CHY-ST-ZIP	MIAMI FL		5.4 CITY-	ST-ZIP						
TITLE		DELETE	6.1 TITLE					Change	Additio	
NAME			6.2 NAME							
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP	a partifu that the information accepts	od with this filing does not swelle	6.4 CITY-		ctated !-	n Section 119.07(3)(i), Florida Statuti	ac I fuether	portify that	the	
informatio I am an of	n indicated on this annual report or	supplemental annual report is tri r the receiver or trustee empowe	ue and acc ered to exe	curate and	d that m	ny signature shall have the same leg as required by Chapter 617, Florida	al effect as	ill made un	nder oath; the	