


FILED

Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 763788 (7)			
1. Corporation Name FLORIDA HOUSING COOPERATIVE, INC.			
Principal Place of Business 904 S.W. 22 AVE. MIAMI FL 33135		Mailing Address 904 SW 22ND AVE MIAMI FL 33135-4922 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
9. Name and Address of Current Registered Agent			
QUESADA, CARLOS RODRIGUEZ 904 S.W. 22 AVE. MIAMI FL 33135			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE <i>[Signature]</i>		PRESIDENT <i>[Signature]</i>	
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	RODRIGUEZ QUESADA, CARLOS		1.2 NAME
STREET ADDRESS	904 S.W. 22ND AVENUE		1.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	REYES, AGUSTIN		2.2 NAME
STREET ADDRESS	40 EAST 14 STREET		2.3 STREET ADDRESS
CITY - ST - ZIP	HIALEAH FL		2.4 CITY - ST - ZIP
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	DEBESA, PLACIDO		3.2 NAME
STREET ADDRESS	3941 S.W. 2 TERR.		3.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL		3.4 CITY - ST - ZIP
TITLE	VPD	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	VALLADARES, ELSA		4.2 NAME
STREET ADDRESS	7891 SW 9 TERRACE		4.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL		4.4 CITY - ST - ZIP
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	RODRIGUEZ, LISETTE		5.2 NAME
STREET ADDRESS	904 S.W. 27TH AVE.		5.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL		5.4 CITY - ST - ZIP
TITLE	VS	<input type="checkbox"/> DELETE	6.1 TITLE
NAME	HERNANDEZ, PEDRO		6.2 NAME
STREET ADDRESS	441 N.W. 30TH PL.		6.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL		6.4 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that the information appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)