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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90046 020 \*\*\*\*72.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763788**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/26/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2399231
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29	Country 30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**QUESADA, CARLOS RODRIGUEZ**  
**904 S.W. 22 AVE.**  
**MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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  (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ QUESADA, CARLOS	
STREET ADDRESS	904 S.W. 22ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REYES, AGUSTIN	
STREET ADDRESS	2900 SW 81ST AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DEBESA, PLACIDO	
STREET ADDRESS	3941 S.W. 2 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VALLADARES, ELSA	
STREET ADDRESS	7891 SW 9 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, LISETTE	
STREET ADDRESS	904 S.W. 27TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, PEDRO	
STREET ADDRESS	441 N.W. 30TH PL.	
CITY-ST-ZIP	MIAMI 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD RODRIGUEZ, LISETTE
5.3 STREET ADDRESS	904 SW 22nd Ave.
5.4 CITY-ST-ZIP	Miami Florida 33135
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 President 01/12/99 305-649-9750  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)