

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767630** (7)

1. Corporation Name

**HIALEAH-SEMINOLA COMMUNITY DEVELOPMENT CORPORATI  
ON, INC.**

Principal Place of Business	Mailing Address
<b>499 W. 23RD ST. HIALEAH FL 33010</b>	<b>499 W. 23RD ST. HIALEAH FL 33010</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/18/1983</b>	3a. Date of Last Report <b>05/22/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2412769</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**BOWENS, ARABELLA  
2187 W. 6TH COURT  
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	<b>FL</b>

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 *Arabella Bowens* (NOTE: Registered Agent signature required when reinstating) *Aug 28, 1997* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, ANNIE R</b>	1.2 NAME	
STREET ADDRESS	<b>2240 W 6TH CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COTTRELL, ALVA HARRIS</b>	2.2 NAME	
STREET ADDRESS	<b>2480 W 5TH CT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, MAE</b>	3.2 NAME	
STREET ADDRESS	<b>2258 W. 4TH CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWENS, ARABELLA</b>	4.2 NAME	
STREET ADDRESS	<b>2187 WEST 6TH COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE *Arabella Bowens* *8/28/97* DATE

CR2E037 (4/97)