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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K29836

1. Corporation Name
DADE RESIDENTIAL DEVELOPERS, INC.

Principal Place of Business 782 NW 42ND AVE SUITE 430 MIAMI FL 33126 US	Mailing Address 782 NW 42ND AVE SUITE 430 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 782 NW 42ND AVE	2a. Mailing Address 26 782 NW 42ND AVE	3. Date Incorporated or Qualified 07/22/1988	4. FEI Number 65-0067351	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 SUITE 630	Suite, Apt. #, etc. 27 SUITE 630	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	Trust Fund Contribution
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Zip 24 33126	Country 25 US	Zip 29 33126	Country 30 US	

9. Name and Address of Current Registered Agent TRELLES, ALBERT N ESQUIRE 999 PONCE DE LEON BLVD. SUITE 1000 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name ANTONIO A. GONZALEZ 82 Street Address (P.O. Box Number is Not Acceptable) 7370 MONACO STREET 83 84 City CORAL GABLES FL 85 Zip Code 33143
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE  **ANTONIO A. GONZALEZ** DATE **01/13/99**
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, ANTONIO 9254 SW 10 TER MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP GONZALEZ, ANTONIO A. 7370 MONACO STREET CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COTO, JOSE 16631 SW 89 TR MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DST COTO, JOSE 52 SW 134th CT MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 607, 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:  **ANTONIO A. GONZALEZ** DATE **01/13/99** Daytime Phone # **305-445-9855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)