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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09210 (8)

1. Corporation Name

GREATER MIAMI NEIGHBORHOODS, INC.

Principal Place of Business	Mailing Address
1460 BRICKELL AVE. SUITE 309 MIAMI FL 33131	1460 BRICKELL AVE. SUITE 309 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1985
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2544297 (Applied For / Not Applicable)
5. Certificate of Status Desired: [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

DERAMON, GONZALO
1460 BRICKELL AVE.
SUITE 309
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DAS	11 TITLE	VICE PRESIDENT . DV	[ ] Change [X] Addition
NAME	POLLACK, ROBERT	12 NAME	AGUSTIN DOMINGUEZ	
STREET ADDRESS	1460 BRICKELL AVE	13 STREET ADDRESS	1460 BRICKELL AVE # 309	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI FL 33131	
TITLE	D	21 TITLE	ASST SECRETARY DS	[ ] Change [X] Addition
NAME	MEYER, JOHN K.	22 NAME	MARIA C. ALFAU-REYES	
STREET ADDRESS	7200 MINDELLO STREET	23 STREET ADDRESS	1460 BRICKELL AVE #309	
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	MIAMI, FL 33131	
TITLE	DT	31 TITLE	TREASURER DT	[ ] Change [X] Addition
NAME	CHASE, RONALD	32 NAME	GONZALO DE RAMON	
STREET ADDRESS	4523 SW 64 AVENUE	33 STREET ADDRESS	1460 BRICKELL AVE #309	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	MIAMI FL 33131	
TITLE	D	41 TITLE		[ ] Change [ ] Addition
NAME	DAVIS, NANCY	42 NAME		
STREET ADDRESS	80 SW 8 STREET, #2110	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP		
TITLE	DVP	51 TITLE		[ ] Change [ ] Addition
NAME	HALL, JOHN	52 NAME		
STREET ADDRESS	80 SW 8 STREET, #2400	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP		
TITLE	DP	61 TITLE		[ ] Change [ ] Addition
NAME	WOLFSON, LOUIS III	62 NAME		
STREET ADDRESS	9350 S DIXIE HWY #900	63 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Pres. 5/1/95 (305) 374-5503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT W. POLLACK, JR

0008060