

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N12533 (8)

1. Corporation Name
PHOENIX HOUSING FOUNDATION, INC.



Principal Place of Business: C/O HENRY H. TAYLOR, JR. 801 BRICKELL AVE., 14TH FLOOR MIAMI FL 33131-9900
 Mailing Address: C/O HENRY H. TAYLOR, JR. 801 BRICKELL AVE., 14TH FLOOR MIAMI FL 33131-9900

3. Date Incorporated or Qualified: 12/13/1985
 3a. Date of Last Report: 07/03/1995

2. Principal Place of Business: 21 700 N.E. 90 Street, Suite B, Miami, Florida 33138, U.S.A.
 2a. Mailing Address: 26 700 N.E. 90 Street, Suite B, Miami, Florida 33138, U.S.A.

4. FEI Number: 59-2709344
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: TAYLOR, HENRY H., JR. 801 BRICKELL AVE., 14TH FLOOR MIAMI FL 33131-9900

10. Name and Address of New Registered Agent: 81 Name: GERALD W. MOORE
 82 Street Address: 700 N.E. 90 Street, Suite B
 84 City: Miami, FL 85 Zip Code: 33138

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: Ernestina Taylor

22 July 96

12. OFFICERS AND DIRECTORS		DELETE
TITLE: D	NAME: MOORE, GERALD W.	<input type="checkbox"/>
STREET ADDRESS: 801 BRICKELL AVE.	CITY-ST-ZIP: MIAMI FL	
TITLE: STD	NAME: SKOLA, THOMAS J.	<input checked="" type="checkbox"/>
STREET ADDRESS: 801 BRICKELL AVE.	CITY-ST-ZIP: MIAMI FL	
TITLE: DP	NAME: TAYLOR, HENRY H., JR.	<input type="checkbox"/>
STREET ADDRESS: 801 BRICKELL AVE.	CITY-ST-ZIP: MIAMI FL	
TITLE: D	NAME: ERNESTINA TAYLOR	<input type="checkbox"/>
STREET ADDRESS: 145 S.E. 25TH ROAD, #1202	CITY-ST-ZIP: MIAMI, FL 33129	
TITLE: []	NAME: []	<input type="checkbox"/>
STREET ADDRESS: []	CITY-ST-ZIP: []	
TITLE: []	NAME: []	<input type="checkbox"/>
STREET ADDRESS: []	CITY-ST-ZIP: []	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE: P/D	1.2 NAME: Moore, Gerald W.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS: 700 N.E. 90 Street, Suite B	1.4 CITY-ST-ZIP: Miami, FL 33138		
2.1 TITLE: []	2.2 NAME: []	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS: []	2.4 CITY-ST-ZIP: []		
3.1 TITLE: D/S	3.2 NAME: Taylor, Henry H., Jr.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS: 700 N.E. 90 Street, Suite B	3.4 CITY-ST-ZIP: Miami, FL 33138		
4.1 TITLE: []	4.2 NAME: []	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS: []	4.4 CITY-ST-ZIP: []		
5.1 TITLE: []	5.2 NAME: []	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS: []	5.4 CITY-ST-ZIP: []		
6.1 TITLE: 700001905597	6.2 NAME: -07/26/96--01042--039	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS: ***61.25	6.4 CITY-ST-ZIP: []		

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)(k), 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: Ernestina Taylor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 7/26/96
 Daytime Phone #: 305-759-7800

CR2E037 (3/96)