## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT** #

N29792

(1)

## BUILDING BETTER COMMUNITIES, INC.

FILED												
Feb 10 1998 8:00a	m											
Secretary of State	e											

DOLDING DETTER DOMINGMITES INC.															
Principal Place of Business Mailing Address										1 10055101 010 17050 1051 10510 1 <b>9</b> 160 11					
8405 N.W. 53RD ST. SUITE 8115 MIAMI FL 33166			8405 N.W. 53RD ST. Suite B115 Miami Fl 33166				3. Date Incorporated or Qualified  12/20/1988  4. FEI Number Applied For								
									"	65-0308878	,	<b>⊢</b>		pplicable	
L '	lace of Busine	SS	2a.	Mailing Address		•			5	Certificate of Status Desired	12	\$8.7		<u> </u>	
21	<del></del>		26						<u> </u>	Certificate of Status Desired		Fee	Requ	ilred	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.						6.	Election Campaign Financing		\$5.00 May Be Added to Fees			
22 City & State			City & State						7	Trust Fund Contribution  Is this nonprofit corporation a hor	megu/ner			99S	
23			28					Yes No							
Zip		Country		Zip		Country	1		В.	This corporation owes or has pai	d the cur	rent year			
24	21	<del></del>	29	tored Annual	30				10	Personal Property Tax due June		Yes	<u> </u>	10	
	v. Name a	nd Address of Current	Regis	tered Agent		81	1	Name	10,	Name and Address of New Reg	Istered	Agent			
4001151	IDDENINED C	VOLLAND IV					L				_				
ASCHENBRENNER, RICHARD W 9130 S DADELAND BLVD						82		Street Addres	ss (P	O. Box Number is Not Acceptable	le)				
8TE 120		LTO				B3	T								
MIAMI FL						64	١,	City				85 Zi	ip Co	de	
						1	ł	•			FL	.	•		
11. Pursuant office or r	to the provision egistered ager	ns <b>of S</b> ections 617.0502 nt, <b>o</b> r both, in the State o	and 6 Florid	17.1508, Florida Stat ta, Such change was	utes, th s autho	ie abov rized by	e-r y th	named corpoi he corporatio	oration on's b	n submits this statement for the proposed of directors. I hereby accep	urpose of tithe app	changing ointment	j its re as reç	egistered gistered	
	ım familiar with	, and accept the obligat	lions of	f, Section 617.0503, I	Fiorida	Statute	S.								
SIGNATURE .	Signature, typed or	printed name of registered agen	and title	il applicable. (NO	OTE: Regis	stered Age	ent i	signature required	nertw b	reinstating)	DATE				
12.		OFFICERS AND	DIREC			13.			/	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	OR\$ I	N 12	
TITLE	PD			DELETE		1.1 TITLE						☐ Chang	e [	Addition	
NAME	COGEN, N				1	1.2 NAME									
STREET ADDRESS		53RD ST #B-115				1.3 STREET		1							
CITY-ST-ZIP TITLE	MIAMI FL			DELETE		1.4 CITY - S 2.1 TITLE	3T - 7	ZiP				☐ Change		Addition	
NAME	VO Dimuzio,	MEDI		_ beece		2.2 NAME							; L	NUUIIIUU	
STREET ADDRESS		W 53RD ST #B-115				2.3 STREET	(AD	)Dress							
CITY-ST-ZIP	MIAMI FL					2. 4 CITY-1									
TITLE	STD			☐ DELETE		3.1 TATLE					••	Change	e [	Addition	
NAME	MACALUS				3	3.2 NAME									
STREET ADORESS		4 Terrace				3.3 STREET	AD	DRESS							
CITY-ST-ZIP	MIAMI FL			T or ere		3.4. CITY-S	ST	ZIP				T ob		1.4.490	
title Name				☐ DELETE		1.1 TITLE 1.2 Name						L Change	; L	Addition	
STREET ADDRESS						1. 2 NAME 1.3 STREET	. AD	onneec							
CITY-ST-ZIP						1.4 CITY - S									
TITLE				DELETE		i.1 TITLE	.,-6	="				Change	9	Addition	
NAME						.2 NAME						•			
STREET ADDRESS					5	3.3 STREET	AD	DORESS							
CITY-ST-ZIP			<u> </u>		5	S.4 CITY-S	T- 2	ZIP							
TITLE				☐ DELETE	6	3.1 TITLE						Change	: L	Addition	
NAME					6	3.2 NAME									
STREET ADDRESS						3.3 STREET									
CITY-ST-ZiP	and the same of the same of	ada and a second		l'a al a a a a a a l'é	6	4 CITY-S	T- Z	ZIP		- 440 07/0V/) Florido Bárrio 14				~	

I hereby certify that the information supplied with this filling 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 trusted 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

1

Lou 20 1998

305-592-2364

2E037 (10/97)