SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $145 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:12

DOCUMENT # **N36972** **(0)**

1. Corporation Name

FLORIDA HOUSING COOPERATIVE ASSOCIATION BUILDING II, INC.

Principal Place of Business	Mailing Address
% CESAR A. ORDONEZ 1740 SW 6TH ST. #1 MIAMI FL 33135	% CESAR A. ORDONEZ 1740 SW 6TH ST. #1 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 08/12/1994
4. FEI Number: 65-0203127 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$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 ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Fda. Housing Coop.	26 %Ariel Salazar
Suite, Apt. #, etc 22 1740 SW 6st	Suite, Apt. #, etc 27 1740 SW 6 St.#2.
City & State 23 Miami, Fl	City & State 28 Miami, Fl.
Zip / Country 24 33135 / 25 u.s.a	Zip / Country 29 33135 / 30 USA.

9. Name and Address of Current Registered Agent

TERAN, OSCAR
1740 S.W. 6TH STREET
STE. #1
MIAMI FL 33135

10. Name and Address of New Registered Agent

01 Name: ARIEL A. SALAZAR
02 Street Address (P.O. Box Number is Not Acceptable): 1740 SW. 6 St. Apto. # 2
03
04 City: Miami,Florida FL 05 Zip Code: 33135

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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 617.0505, Florida Statutes.

SIGNATURE: ARIEL SALAZAR June 27 1995.
Signature, name or printed name of registered agent and the date as required. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	TERAN, OSCAR	12 NAME	SALAZAR A. ARIEL	
STREET ADDRESS	1740 S.W. 6TH STREET	13 STREET ADDRESS	1740 SW 6th STREET	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI FL.	
TITLE	SD	21 TITLE	SD	☒ Change ☐ Addition
NAME	ESTRADA, DAYSI	22 NAME	CRISTINA HERRERA	
STREET ADDRESS	1740 S.W. 6TH STREET	23 STREET ADDRESS	1740 sw 5 TH STREET	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI FL.	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	SALAZAR, ARIEL	32 NAME	VARGAS JOSE	
STREET ADDRESS	1740 S.W. 6TH STREET	33 STREET ADDRESS	1740 SW 6TH STREET	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	MIAMI FL.	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	HERRERA, CRISTINA	42 NAME	SALAZAR VALENTINA	
STREET ADDRESS	1740 S.W. 6TH STREET	43 STREET ADDRESS	1740 SW 6TH STREET	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	miami fl.	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	ZALAZAR, VALENTINA	52 NAME	EDDITH ACOSTA	
STREET ADDRESS	1740 S.W. 6TH STREET	53 STREET ADDRESS	1740 SW 6TH STREET	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	MIAMI FL.	
TITLE	D	61 TITLE	D	☐ Change ☐ Addition
NAME	SALAZAR, VALENTINA	62 NAME	SALAZAR VALENTINA	
STREET ADDRESS	1740 S.W. 6 STREET	63 STREET ADDRESS	1740 SW 6 TH STREET	
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP	miami fl.	

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: ARIEL A SALAZAR JUNE 27 1995.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (395)

0007773