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FILED

May 02 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36972 (0)

1. Corporation Name

FLORIDA HOUSING COOPERATIVE ASSOCIATION BUILDING  
II, INC.

Principal Place of Business

Mailing Address

FDA HOUSING COOP  
1740 SW 6TH ST #2  
MIAMI FL 33135  
USARIEL A. SALAZAR  
1740 SW 6TH ST #2  
MIAMI FL 33135-3533  
US3. Date Incorporated or Qualified  
03/05/19903a. Date of Last Report  
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 FDA HOUSING COOP. II

26 ARIEL A. SALAZAR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1740 SW 6 St. #2.

27 1740 SW 6 St. #2.

City &amp; State

City &amp; State

23 MIAMI, FL.

28 MIAMI, FL.

Zip

Country

Zip

Country

24 33135

25

USA.

29 33135

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARIEL A. SALAZAR  
1740 SW 6TH ST APT #2  
MIAMI FL 33135

81 Name

ARIEL A. SALAZAR

82 Street Address (P.O. Box Number is Not Acceptable)

1740 S.W. 6 St. Apto. #2.

83 MIAMI, FLORIDA

84 City

MIAMI, FLORIDA

FL

85 Zip Code

33135

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: ARIEL A. SALAZAR

Abril 22 1997.

Signature, typed or printed name of registered agent and fee is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SALAZAR, ARIEL A  
STREET ADDRESS 1740 SW 6TH STREET  
CITY-ST-ZIP MIAMI FL☐ DELETE1.1 TITLE PD  
1.2 NAME SALAZAR ARIEL A.  
1.3 STREET ADDRESS 1740 SW. 6th Street.  
1.4 CITY-ST-ZIP MIAMI, FL.,☐ Change ☐ AdditionTITLE SD  
NAME HERRERA, CHRISTINA  
STREET ADDRESS 1740 SW 6TH ST  
CITY-ST-ZIP MIAMI FL☐ DELETE2.1 TITLE SD  
2.2 NAME HERRERA CRISTINA  
2.3 STREET ADDRESS 1740 SW 6th STREET.  
2.4 CITY-ST-ZIP MIAMI. FL.,☐ Change ☐ AdditionTITLE TD  
NAME ALVAREZ M. SAHILY  
STREET ADDRESS 1740 SW 6TH STREET  
CITY-ST-ZIP MIAMI FL☐ DELETE3.1 TITLE TD  
3.2 NAME ALVAREZ SAHILY M.  
3.3 STREET ADDRESS 1740 SW 6th STREET.  
3.4 CITY-ST-ZIP MIAMI, FL.☐ Change ☐ AdditionTITLE D  
NAME VARGAS JOSE  
STREET ADDRESS 1740 S.W. 6TH STREET  
CITY-ST-ZIP MIAMI FL☐ DELETE4.1 TITLE D  
4.2 NAME VARGAS JOSE  
4.3 STREET ADDRESS 1740 SW 6 th STREET.  
4.4 CITY-ST-ZIP MIAMI, FL.,☐ Change ☐ AdditionTITLE D  
NAME ACOSTA, EDDITH  
STREET ADDRESS 1740 SW 6TH STREET  
CITY-ST-ZIP MIAMI FL☐ DELETE5.1 TITLE D  
5.2 NAME SALAZAR VALENTINA T.  
5.3 STREET ADDRESS 1740 SW 6 th STREET.  
5.4 CITY-ST-ZIP MIAMI, FL.☒ Change ☐ AdditionTITLE D  
NAME RODRIGUEZ E. CARLOS  
STREET ADDRESS 1740 SW 6TH STREET  
CITY-ST-ZIP MIAMI FL☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 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 April 22 1997.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029018

CR2E037 (9/96)