

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36972** (0)  
1. Corporation Name  
**FLORIDA HOUSING COOPERATIVE ASSOCIATION BUILDING II, INC.**



Principal Place of Business <b>FDA HOUSING COOP. II 1740 SW 6TH ST #2 MIAMI FL 33135 US</b>	Mailing Address <b>ARIEL A. SALAZAR 1740 SW 6TH ST #2 MIAMI FL 33135 US</b>
2. Principal Place of Business <b>21 1740 SW 6 St. Apt. #2. Suite, Apt. #, etc.</b>	2a. Mailing Address <b>26 ARIEL A. SALAZAR Suite, Apt. #, etc.</b>
<b>22 MIAMI, FLORIDA City &amp; State</b>	<b>27 1740 SW 6 St #2. City &amp; State</b>
<b>23 MIAMI, FLORIDA Zip Country</b>	<b>28 MIAMI, FLORIDA Zip Country</b>
<b>24 33135 25 USA</b>	<b>29 33135 30 USA</b>

3. Date Incorporated or Qualified <b>03/05/1990</b>	
4. FEI Number <b>65-0203127</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ARIEL A. SALAZAR 1740 SW 6TH ST APT #2 MIAMI FL 33135</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>ARIEL A SALAZAR</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1740 SW 6 St Ato. #2.</b>	
83	
84 City <b>MIAMI, FLORIDA</b>	85 Zip Code <b>FL 33135</b>

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** *[Signature]* **FEBRERO 10 1998.**  
Signature, typed or printed name of registered agent and date required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALAZAR, ARIEL A 1740 SW 6TH STREET MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD SALAZAR ARIEL A 1740 SW 6th Street MIAMI, FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRERA, CHRISTINA 1740 SW 6TH ST MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD VARGAS, JOSE 1740 SW 6th Street MIAMI, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ M. SAHILY 1740 SW 6TH STREET MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	MIAMI, FL TD HERRERA CRISTINA 1740 SW 6th Street. MIAMI, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS JOSE 1740 S.W. 6TH STREET MIAMI FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D SALAZAR VALENTINA T. 1740 SW 6th Street MIAMI, FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAZAR, VALENTINA T 1740 SW 6TH STREET MIAMI FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D VARGAS JOSE 1740 SW 6th Street MIAMI, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ E. CARLOS 1740 SW 6TH STREET MIAMI FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D HERRERA CRISTINA 1740 SW 6th Street MIAMI, FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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** *[Signature]* **Febrero 10 1998.**

CR2E037 (10/97)