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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000227

1. Corporation Name

RICHMOND HEIGHTS COMMUMITY DEVELOPMENT CORPORATI ON

Principal Place of Business	Mailing Address
14440 OLIVIA EDWARDS (LINCOLN) BLVD. MIAMI FL 33176	14440 OLIVIA EDWARDS (LINCOLN) BLVD. MIAMI FL 33176

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/05/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0378328 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MALONE, CARLOS SR
14440 LINCOLN (OLIVIA EDWARDS) BLVD.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	GOLATT, PAUL		1.2 NAME	CHARLES GRAY	
STREET ADDRESS	14551 CARVER DR		1.3 STREET ADDRESS	14000 MONROE STREET	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	FERGUSON, JOHN		2.2 NAME	HAROLD T. SMITH	
STREET ADDRESS	11111 PINKSTON DR		2.3 STREET ADDRESS	8952 SW 127 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MALONE, CARLOS SR		3.2 NAME		
STREET ADDRESS	14440 LINCOLN (OLIVIA EDWARDS) BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 2/1/99 (305) 232-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #