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FILED

Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N92000000488 (8)**

1. Corporation Name

**MIAMI HOUSING AND COMMUNITY DEVELOPMENT CORPORAT
ION**

Principal Place of Business

Mailing Address

7105 S.W. 8 ST
#101
MIAMI FL 331447105 S.W. 8 ST
#101
MIAMI FL 33144-46643. Date Incorporated or Qualified
11/23/19923a. Date of Last Report
08/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAZO, ESPERANZA
3501 S.W. 8TH ST.
#204
MIAMI FL 33135

81 Name

SAME.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAZO, ARMANDO	
STREET ADDRESS	3501 S.W. 8TH ST. 3204	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRADO, ANTONIO	
STREET ADDRESS	6405 S.W. 50TH ST.	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ANITA	
STREET ADDRESS	1924 S.W. 25TH ST.	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, LEONARDO	
STREET ADDRESS	2787 N.W. 34TH ST.	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, NEIDA	
STREET ADDRESS	2620 N.W. 34TH ST.	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUIZ, GLADYS	
STREET ADDRESS	1917 N.W. 18TH ST.	
CITY - ST - ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARMANDO CAZO

1/24/97

305-552-1444

CR2E037 (9/96)