

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

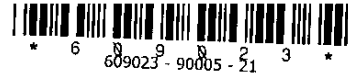
FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90005 021 ****70.00

DOCUMENT # N92000000488

1. Corporation Name

**MIAMI HOUSING AND COMMUNITY DEVELOPMENT CORPORAT
ION**



Principal Place of Business

7105 S.W. 8 ST
#101
MIAMI FL 33144

Mailing Address

8271 SW 33 TERRACE
MIAMI FL 33155
US

2. Principal Place of Business

21 **3461 SW 8 ST**

Suite, Apt. #, etc.

City & State

23 **MIAMI FL**

Zip

24 **33135**

Country

25 **US**

2a. Mailing Address

26 **3461 SW 8 ST**

Suite, Apt. #, etc.

City & State

28 **MIAMI FL**

Zip

29 **33135**

Country

30 **US**

3. Date Incorporated or Qualified

11/23/1992

4. FEI Number

65-0387414

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
CAZO, ESPERANZA
82 Street Address (P.O. Box Number is Not Acceptable)
3461 SW 8 ST
83
84 City
MIAMI **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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)