

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003134
1. Corporation Name

Miami Supportive Housing Corporation

Principal Place of Business Mailing Address
600 Brickell Avenue Suite 206N
Miami, Florida 33131

(Same)

100001925001
-08/19/96--01005--050

3. Date of Last Report July 6, 1993	3a. Date of Last Report December 1
4. FEI Number 65-0439400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 600 Brickell Avenue	2a. Mailing Address 600 Brickell Avenue
21. Suite, Apt. #, etc. 206 N/S	26. Suite, Apt. #, etc. 206 N/S
22. City & State Miami, Florida	27. City & State Miami, Florida
23. Zip 33158	28. Zip 33158
24. Country Dade	29. Country Dade

9. Name and Address of Current Registered Agent

Francena C. Brooks
6200 S.W. 133 Street
Miami, Florida 33156

10. Name and Address of New Registered Agent

81. Name
Ms. Cordella Ingram
82. Street Address (P.O. Box Number is Not Acceptable)
8000 West Drive #109
83. City
North Bay Village, FL
84. Zip Code
33141

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 *Cordella Ingram* **Cordella Ingram, EXEC. DIRECTOR** 8/9/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D
1.3 STREET ADDRESS	David Raymond
1.4 CITY - ST - ZIP	735 N.E. 125 Street
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Marilyn Avery
2.4 CITY - ST - ZIP	1632 Pennsylvania Avenue, Suite 208
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP/D
3.3 STREET ADDRESS	Dan Markson
3.4 CITY - ST - ZIP	One Boston Place
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William O'Donnell
4.3 STREET ADDRESS	2333 Ponce De Leon Blvd., Ste 630
4.4 CITY - ST - ZIP	Coral Gables, Florida 33134
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Phyllis Johnson
5.4 CITY - ST - ZIP	800 N.W. 28th Street
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Dewey Knight
6.4 CITY - ST - ZIP	829 N.W. 55th Street
	Miami, Florida 33127

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

David Raymond, President

305/374-8779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)