FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Jan 17 1997 8:00am
Secretary of State

DOCUMENT # N93000004044 (4)

1. Corporation Name

RAFAEL HERNANDEZ HOUSING AND ECONOMIC DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
2902 NW 2ND AVE MIAMI FL 33127 US	2902 NW 2ND AVE MIAMI FL 33127-3905 US

3. Date Incorporated or Qualified	3a. Date of Last Report
09/07/1993	04/30/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0433647	Applied For / Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	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 _____
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 D [ ] DELETE NAME RAMOS, RAMON STREET ADDRESS 59 NE 46TH ST CITY-ST-ZIP MIAMI FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE D [ ] DELETE NAME CANALES, SANDRA STREET ADDRESS 580 NW 109TH AVE STE 1 CITY-ST-ZIP MIAMI FL		2.1 TITLE S 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	[X] Change [ ] Addition
TITLE D [ ] DELETE NAME FERRERA, ANDRES STREET ADDRESS 3301 N.W. 15TH ST. CITY-ST-ZIP MIAMI FL 33125		3.1 TITLE T 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	[X] Change [ ] Addition
TITLE D [ ] DELETE NAME QUINTANA, DOROTHY STREET ADDRESS 263 N.W. 34TH ST. CITY-ST-ZIP MIAMI FL 33127		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE D [ ] DELETE NAME DE ROSA, LUIS STREET ADDRESS 1801 CORAL WAY STRE 407 CITY-ST-ZIP MIAMI FL		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE S [X] DELETE NAME ROMAS, AIDA STREET ADDRESS 59 NE 46TH ST CITY-ST-ZIP MIAMI FL		6.1 TITLE C 6.2 NAME RAMOS WILLIAM 6.3 STREET ADDRESS 54 NW 40 ST 6.4 CITY-ST-ZIP MIAMI FL 33127	[X] Change [ ] Addition

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: WILLIAM A. RAMOS 1-8-97 (305)375-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028523

CR2E037 (9/96)