

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90022 015 \*\*\*\*61.25

0029118

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N93000004044**

1. Corporation Name  
**RAFAEL HERNANDEZ HOUSING AND ECONOMIC DEVELOPMENT CORP.**

|  |  |
|--|--|
| Principal Place of Business<br>2902 NW 2ND AVE<br>MIAMI FL 33127<br>US | Mailing Address<br>2902 NW 2ND AVE<br>MIAMI FL 33127<br>US |
|--|--|



|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 3. Date Incorporated or Qualified<br>09/07/1993 | 4. FEI Number<br>65-0433647<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|---|--|---|--|

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.**  
**1201 HAYS ST.**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>RAMOS, RAMON</b>                                 |
| STREET ADDRESS | <b>59 NE 46TH ST</b>                                |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>S</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>CANALES, SANDRA</b>                              |
| STREET ADDRESS | <b>580 NW 109TH AVE STE 1</b>                       |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>T</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>FERRERA, ANDRES</b>                              |
| STREET ADDRESS | <b>3301 N.W. 15TH ST.</b>                           |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>QUINTANA, DOROTHY</b>                            |
| STREET ADDRESS | <b>263 N.W. 34TH ST.</b>                            |
| CITY-ST-ZIP    | <b>MIAMI FL 33127</b>                               |
| TITLE          | <b>Chair</b> <input type="checkbox"/> DELETE        |
| NAME           | <b>DE ROSA, LUIS</b>                                |
| STREET ADDRESS | <b>1801 CORAL WAY STRE 407</b>                      |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>C</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>RAMOS WILLIAM</b>                                |
| STREET ADDRESS | <b>54 NW 40 ST.</b>                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>Chair</b>   |
| 5.3 STREET ADDRESS | <b>1801 Coral Way St</b>   |
| 5.4 CITY-ST-ZIP    | <b>MIAMI FL</b>  |
| 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: \_\_\_\_\_ DATE: **5/28/99** DAYTIME PHONE # \_\_\_\_\_

CR2E037 (1/198)