

05-31-2000 90073 013 ***61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name **N93000004336 (4)**

80100326

Goulds Community Development Corp. Inc

Principal Place of Business Mailing Address

21330 SW 120 Ave. 9880 Palmetto Club Dr.
 Miami, FL 33170 Miami, FL 33157

1. Principal Place of Business 1 11293 SW 216th St. <small>Suite, Apt. #, etc.</small> City & State 3 Miami, FL Zip 4 33170 Country 24 Dade	2a. Mailing Address 25 11293 SW 216th St. <small>Suite, Apt. #, etc.</small> City & State 29 Miami, FL Zip 30 33170 Country 30 Dade	3. Date Incorporated or Qualified 9-27-1993 4. FEI Number 65-0428857 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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8. Name and Address of Current Registered Agent

JL Demps, Jr.
 11025 SW 223rd Street
 Goulds, Florida 33170

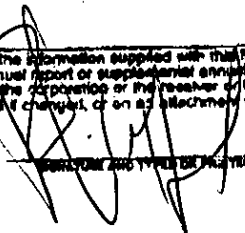
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 817.0503 and 817.1006, 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 a board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 817.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, Name or printed name of officer or agent and the date of signature. (NOTE: Registered Agent signatures include office address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1.1 TITLE	PD
STREET ADDRESS		1.2 NAME	JL Demps, Jr.
CITY-ST-ZIP		1.3 STREET ADDRESS	11025 SW 223rd St
TITLE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Goulds, FL 33170 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.1 TITLE	VD
STREET ADDRESS		2.2 NAME	Carlyle Webb
CITY-ST-ZIP		2.3 STREET ADDRESS	21651 SW 127th Court
TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Goulds, FL 33177 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.1 TITLE	TD
STREET ADDRESS		3.2 NAME	Lizzierene Pope
CITY-ST-ZIP		3.3 STREET ADDRESS	10720 SW 222nd Dr.
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	Goulds, FL 33170 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE	SD
STREET ADDRESS		4.2 NAME	Lewis Canty
CITY-ST-ZIP		4.3 STREET ADDRESS	11799 Bailes Rd.
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	Goulds, FL 33170 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	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 118.07(5)(f), 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 files empowered.

SIGNATURE:  **Robin Oxford** 4-28-2000 305-278-6950