

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90081 012 ****61.25

0030217

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N93000004338

1. Corporation Name
JUBILEE COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business 742 NW 12TH AVENUE MIAMI FL 33136 US	Mailing Address 742 NW 12TH AVENUE MIAMI FL 33136 US
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date incorporated or Qualified 09/20/1993	4. FEI Number 65-0441965	Applied For 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		

9. Name and Address of Current Registered Agent GUDORF, FRANCIS V 2828 CORAL WAY SUITE 300 MIAMI FL 33145	10. Name and Address of New Registered Agent 81 Name <i>Same</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>742 NW 12th Avenue</i> 83 84 City <i>Miami</i> FL 85 Zip Code <i>33136</i>
---	---

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
Signature, typed or printed name of registered agent and title if applicable.				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUNKER, JUDITH	1.2 NAME		
STREET ADDRESS	16201 SW 95 TH AVE SUITE 112	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIMA, FELIX	2.2 NAME	<i>Lima, Felix</i>	
STREET ADDRESS	8360 W FLAGLER ST SUITE 200	2.3 STREET ADDRESS	<i>8360 W. Flagler St., Suite 200</i>	
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	<i>Miami, FL. 33144</i>	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASVIDAL, RAUL	3.2 NAME	<i>Masvidal, Raul</i>	
STREET ADDRESS	2151 LE JEUNE RD SUITE 202	3.3 STREET ADDRESS	<i>1401 Ponce de Leon Blvd., Suite 402</i>	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	<i>Coral Gables, FL. 33134</i>	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIKE, DAVID	4.2 NAME		
STREET ADDRESS	11300 NE 2ND AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33181	4.4 CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, DR J	5.2 NAME	<i>Brown, Dr. J</i>	
STREET ADDRESS	10066 W INDIGO ST	5.3 STREET ADDRESS	<i>10066 W. Indigo St.</i>	
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	<i>Miami, FL. 33157</i>	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER THOMAS	6.2 NAME		
STREET ADDRESS	5851 SW 87TH ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	SO MIAMI FL 33143	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)(l), 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: *Francis V. Gudorf* **SIGNATURE REQUIRED** 1/20/99 305-326-8900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Francis V. Gudorf, President

CR2E037 (1/198)

240230-90081-10
N930004338

NONPROFIT CORPORATION ANNUAL REPORT FOR 1999

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title: P
Name: Francis V. Gudorf
Street Address: 742 NW 12th Avenue
City-St-Zip: Miami, Florida 33136

Title: VP
Name: Robert A. Chambers
Street Address: 4649 Ponce de Leon Blvd., Suite 300
City-St-Zip: Coral Gables, Florida 33146

Title: T
Name: Martha S. Tabio
Street Address: 1801 SW 1st Street
City-St-Zip: Miami, Florida 33135