904-222-5513 CSC

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149 P02/03 APR 28 '97 11:50

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 SEP 30 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000005351

1. Corporation Name
COMMUNITY HOUSING ASSISTANCE CORP.

REINSTATEMENT 9697

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 10-27-94 | 3a. Date of Last Report:

2. Principal Place of Business
21 2979 NW 56 Avenue
22 Suite, Apt. #, etc.
23 City & State: Lauderhill, Fla.
24 Zip: 33313 | 25 Country: Broward

2a. Mailing Address
26 P. O. Box 100099
27 Suite, Apt. #, etc.
28 City & State: Ft. Lauderdale, Fla.
29 Zip: 33310-0099 | 30 Country: Broward

4. FEI Number: 65-0537904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Dennis Stewart, Esq.

10. Name and Address of New Registered Agent
81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee | FL | 85 Zip Code: 32301

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: Gail Shelby — Gail Shelby, As Agent for Corporation Service Company — DATE
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition P/D Dennis Stewart 2979 N. W. 56 Avenue Lauderhill, Fla., 33313
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition D Fernando Gandon 2979 N. W. 56 Avenue Lauderhill, Fla., 33313
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition D Joseph Glucksman 2979 N. W. 56 Avenue Lauderhill, Fla., 33313
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	200011280 ☐ Change ☐ Addition -10/01/97--01114--007 ******8.75 ******8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002309452--5 -10/01/97--01114--008
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	******97.5 ☐ Change ☒ Addition

CR2E037 (9/96)

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: _____ 9-23-97 954-777-5142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #