

Street

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9500003255

1. Corporation Name

QUALITY HOUSING FOUNDATION INC.

Principal P ace of Business 800 N. MIAMI AVENUE **SUITE 1506** MIAMI FL 33136

2. Principal Place of Business

Suite, Apt. #, etc.

WN OOST

Mailing Address

800 N. MIAMI AVENUE **SUITE 1506** MIAMI FL 33136

2a. Mailing Address

26

7200 NW

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90190 049 ****61.25

Apriled For

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4 5 5400 - 20120

3. Date incorporated or Qualifed

07/10/1995

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			4. FEI Numbe				rlied For	
22 Suit	<u>e 320</u>	27 Suite 32	<u>.O</u>			65-0593	513			t Applicable	
City & State	9	City & State 28 Miami, Fi				5. Certificate of Status Desired			\$8.75 Additional Fee Required		
Zip	Country	Zip	Country			6. Election Ca	mpaign Financing		\$5.00	May Be	
2J331∂	VO 25 U.S	29 33126 3	0	u.S	<u>) .</u>	Trust Fund	Contribution		Added t	c Fees	
	9. Name and Address of Current I	Registered Agent				0. Name and	Address of New	Registere	d Agent		
			81	Name							
UNITED ST	TATES REGISTERED AGENTS, INC	· -	82	Street	Aridress	(P.O. Box Nu	mber is Not Accep	table)	<u></u>		
329 GRANELLO AVENUE				54,550		(· .	
CORAL GABLES FL 33146											
			84	City					85 Zip (and and a	
			04	City				F		,,,,,	
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. SIGNATUF:E Storature 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 agent, I have a submit a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent, I have a submit of the purpose of changing its registered agent and the purpose of changing its registered ag											
42	Signature, typed or printed name of registered agent a OFFICERS AND		egistered Age	nt signature i	required wn		CHANGES TO O		ND DIRECTO	RS IN 12	
TITLE	PSTD OFFICERS AND	DELETE	1.1 TITLE		T	- ADDITION	70.17.11.02.0 10 0.		Change	Addition	
			1.2 NAME		İ					_	
NAME	THEOTHER LETTERS			13 STREET ADDRESS 7200 NW 7 Street, Suite 320							
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NAME	TOWNSEL, AL				1720	OF ALL	J7thstr	eet , :	suite	320	
STREET ADDRESS	800 N. MIAMI AVENUE, SUITE 15	06	•	T ADDRESS	1/24	70,	E 22				
CITY-ST-ZIP	MIAMI FL 33136		2. 4 CITY-	ST-ZIP	1 M	i MEYYY.	FL 33,	126	Change	Addition	
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NAME	ZIV, JAY		3.2 NAME		12170	v Ni.	17 Stre	at . <	oute 3	30	
STREET ADDRESS	200 S.E. 15TH ROAD #16D		3.3 STREE	TADDRESS			_		ت عالما	.50	
CITY-ST-ZIP	MIAMI FL 33129		3.4. CITY-	ST-ZIP	17/1	<u>amı, </u>	<u>FI 3312</u>	<u> </u>			
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TITLE		☐ DELETE	6.1 TITLE						☐ Change	☐ Addition	
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREE	TADDRESS	:						
CITY-ST-ZIP			6.4 CITY-S	T-ZIP						1	
	ertify that the information supplied with	this filing does not qualify for th	ne evemni	ion state	d in Sec	tion 119.07(3)(i). Florida Statutes	I further c	ertify that the in	normation	

7 Street

Single quality for the exemption stated in Section (19.07(3)(1), Florida Statutes. I further certify that the information is an exemption of the my signature shall have the same legal effect as if made ur/der oath; that I am an impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in address, with all other like empowered. indicated on this annual report or supplemental ann officer or director of the corporation or the repeir Block '2 or Block 13 if changed, or on an analysis

SIGNATURE:

RE REQUIRED