

FILE NOW: FILING FEE IS \$61.25

*Amended*

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**

**DOCUMENT # N95000003550**

1. Corporation Name

**MIAMI AFFORDABLE HOUSING INC.**

97 NOV -5 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**6047 MIRAMAR PARKWAY  
MIRAMAR, FL 33023**

Mailing Address

**6047 MIRAMAR PARKWAY  
MIRAMAR, FL 33023**

2. Principal Place of Business

**21 6047 MIRAMAR PARKWAY**

Suite, Apt. #, etc.

2a. Mailing Address

**25 SAME AS PRINCIPAL**

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**7/21/95**

3a. Date of Last Report

**4/1/97**

4. FEI Number

**65-0614961**

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

24. Zip

**33023**

Country

**USA**

29. Zip

**33023**

Country

**USA**

9. Name and Address of Current Registered Agent

**MARY JOSEPH  
2710 WALKERS WAY  
WESTON, FL 33331**

10. Name and Address of New Registered Agent

81 Name

**N/A**

82 Street Address (P.O. Box Number is Not Acceptable)

**900002341789--3**

83

**-11/07/97--01089--007**

84 City

**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

**FL**

**Zip Code**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SECRETARY/TREASURER** ☒ DELETE  
NAME **BEENA KURIAN**  
STREET ADDRESS **14780 BECKLY SQUARE**  
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE **VICE-PRESIDENT** ☒ DELETE  
NAME **MARY PUTHENAPRAKUNNEL**  
STREET ADDRESS **6921 SW 3RD ST**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33023**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT/SECRETARY** ☐ Change ☒ Addition  
1.2 NAME **MARY JOSEPH**  
1.3 STREET ADDRESS **2710 WALKERS WAY**  
1.4 CITY-ST-ZIP **WESTON, FL 33331**

2.1 TITLE **TREASURER** ☐ Change ☒ Addition  
2.2 NAME **ROBERT FELIX**  
2.3 STREET ADDRESS **9050 PINES BLVD**  
2.4 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

3.1 TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition  
3.2 NAME **MARIAM ABRAHAM**  
3.3 STREET ADDRESS **6053 MIRAMAR PARKWAY**  
3.4 CITY-ST-ZIP **MIRAMAR, FL 33023**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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; that 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 from the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARY JOSEPH**

Date

Daytime Phone #

**5/20/97 954 9831043**

CR2E037 (9/96)