

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001114

1. Corporation Name

METRO-MIAMI COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business  
2515 NW 20TH STREET  
MIAMI FL 33142

Mailing Address  
2515 NW 20TH STREET  
MIAMI FL 33142

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90061 022 \*\*\*\*61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 6257 S.W. 15 STREET.		02/27/1996	
22 City & State		27 MIAMI, FL.		4. FEI Number	
23 Zip		28 33144 -- MIAMI-DADE.		65-0659160	
24 Country		29 Country		5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ST. JOHN, GREGORY  
2601 SO. BAYSHORE DRIVE STE 1600  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D-C.
NAME	PAZ, LAZARO	1.2 NAME	REV. MARTIN N. ANORGA.
STREET ADDRESS	15235 NW 87 PL	1.3 STREET ADDRESS	5800 S.W. 5 TERR.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI. FL. 33144.
TITLE	D	2.1 TITLE	D-S.
NAME	GONZALEZ, ANGEL	2.2 NAME	CESAR CARASA.
STREET ADDRESS	3280 WEST FLAGLER ST	2.3 STREET ADDRESS	6257 S.W. 15 ST.
CITY-ST-ZIP	MIAMI FL 33134	2.4 CITY-ST-ZIP	MIAMI, FL. 33144
TITLE	D	3.1 TITLE	D-T.
NAME	PEREZ, CESAR	3.2 NAME	JUAN FERRER
STREET ADDRESS	2515 MW 20 ST	3.3 STREET ADDRESS	6415 S.W. 107 AVE.
CITY-ST-ZIP	MIAMI OA	3.4 CITY-ST-ZIP	MIAMI, FL. 33173.
TITLE	ED	4.1 TITLE	
NAME	MARTELL, CARLOS	4.2 NAME	
STREET ADDRESS	6311 SW 34 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	IGLESIAS, DANNY	5.2 NAME	
STREET ADDRESS	6300 LAKE CHAMPLAIN TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JANUARY 4, 1999.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0031046

CR2E037 (11/98)