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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000002062 (5)

1. Corporation Name

ALLAPATTAH COMMUNITY HOUSING, INC.



Principal Place of Business Mailing Address
2257 N.W. NORTH RIVER DRIVE MIAMI FL 33125
2257 N.W. NORTH RIVER DRIVE MIAMI FL 33125-2241

3. Date Incorporated or Qualified 04/17/1996
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 65-0677564
Applied For Not Applicable

5. Certificate of Status Desired [checked] \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [unchecked] \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [unchecked] Yes [checked] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERMAN WOLFE & RENNERT, P.A.
100 S.E. SECOND STREET
SUITE 3500
MIAMI FL 33131-2130

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME MESA, ARDO
STREET ADDRESS 3471 N.W. 5TH ST.
CITY-ST-ZIP MIAMI FL 33125
TITLE D [] DELETE
NAME PACKINGHAM, RALPH
STREET ADDRESS 1740 N.W. 55TH ST.
CITY-ST-ZIP MIAMI FL 33142
TITLE D [] DELETE
NAME GOMEZ, HIRAM
STREET ADDRESS 4540 S.W. 68TH COURT CIRCLE #4
CITY-ST-ZIP MIAMI FL 33155
TITLE D [] DELETE
NAME CARAME, JESUS A
STREET ADDRESS 3630 S.W. 26TH STREET
CITY-ST-ZIP MIAMI FL 33133
TITLE D [] DELETE
NAME DUTTON, DOUGLAS
STREET ADDRESS 12550 WEST 44TH PLACE
CITY-ST-ZIP HIALEAH FL 33133
TITLE D [] DELETE
NAME EGUES, RANDY
STREET ADDRESS 16841 N.W. 80TH COURT
CITY-ST-ZIP HIALEAH FL 33016

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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 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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 (305) 673-0166
Date Daytime Phone # 0028304

CR2E037 (9/96)

Director

Mr. Jose Enrique Dausa
9145 Fountainblue Blvd. # 8
Miami, Florida 33172