

FILE NOW: FILING FEE IS \$61.25

FILED

**May 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified
04/17/1996

4. FEI Number **65-0677564** 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**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
**BERMAN WOLFE & RENNERT, P.A.
100 S.E. SECOND STREET
SUITE 3500
MIAMI FL 33131-2130**

10. Name and Address of New Registered Agent

81. Name ~~ANGELINA L. ALLIESTE~~

82. Street Address (P.O. Box Number is Not Acceptable) ~~875 BRICKELL BAY DR, SUITE 445~~

83. ~~MIAMI~~

84. City **MIAMI**

85. Zip Code **FL 33131**

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]* DATE **4-29-98**

Signature typed or printed in ink 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 <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESA, ARDO	1.2 NAME	MESA, ARDO
STREET ADDRESS	3471 N.W. 5TH ST.	1.3 STREET ADDRESS	3471 NW 5th ST
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VCT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACKINGHAM, RALPH	2.2 NAME	EGUES, RANDY
STREET ADDRESS	1740 N.W. 55TH ST.	2.3 STREET ADDRESS	16841 NW 80th Ct
CITY-ST-ZIP	MIAMI FL 33142	2.4 CITY-ST-ZIP	Hialeah, FL 33016
TITLE	D/S <input type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, HIRAM	3.2 NAME	GOMEZ, HIRAM
STREET ADDRESS	4540 S.W. 68TH COURT CIRCLE #4	3.3 STREET ADDRESS	4540 SW 68 CT CIRCLE # 4
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	MIAMI FL 33155
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAME, JESUS A	4.2 NAME	
STREET ADDRESS	3630 S.W. 26TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTTON, DOUGLAS	5.2 NAME	
STREET ADDRESS	12550 WEST 44TH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33133	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGUES, RANDY	6.2 NAME	FAJARDO, ALVARO
STREET ADDRESS	16841 N.W. 80TH COURT	6.3 STREET ADDRESS	6418 NW 113 PL
CITY-ST-ZIP	HIALEAH FL 33016	6.4 CITY-ST-ZIP	MIAMI, FL 33178

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.

SIGNATURE: *[Signature]* DATE: **4-29-98**

CR2E037 (10/97)