NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600002062

1. Corporation Name

ALLAPATTAH COMMUNITY HOUSING, INC.

Principal Place of Business 2257 N.W. NORTH RIVER DRIVE MIAMI FL' 33125

Mailing Address

2257 N.W. NORTH RIVER DRIVE MIAMI FL 33125

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90020 045 ****70.00

						•			
2. Principal P	lace of Business 2a. Mailing Address			3. Date Incorporated or Qualifed					
21 1380 N	NW 24 Avenue	26 1380 NW 24 A	venue		04/17/1996				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0677564		 	plied For	
22 Office	e ·	27 Office			00-0077304			t Applicable	
City & State	ė	City & State	~ ~	•	5. Certifcate of Status Desired	X 3	\$8.75 A		
23 Miamí,		28 Miami, FL				<u> </u>			
Zip	Country	Zip	Country				\$5.00 Added to		
24 33125	25 Miami-Dade	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	o <u>Miami</u>	<u>i-Dade</u>	2 Trust Fund Contribution 10. Name and Address of New Re	alstored A		3 Fees	
	9. Name and Address of Current	Registered Agent	81	Name	IV. Rame and Address of New Yor	JISTOTO A	90.11		
BERMAN WOLFE & RENNERT, P.A.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
100 S.E. SECOND STREET		•	83						
SUITE 350	00		63		_				
miami fl	33131-2130		84	City			85 Zip C	Code	
				<u> </u>	and the statement for the statement	F-L	hanging its	registered	
office or r	registered agent or both in the State Of	Florida Such chande was auti	nonzeo by	the corbo	corporation submits this statement for the puration's board of directors. I hereby accept to	he appoint	ment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	a Statutes				•		
SIGNATURE						DATE			
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	nt signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFIG		DIRECTO	RS IN 12	
12.	CHR	DIRECTORS DELETE	1.1 TITLE	 1	DIR		Change	Addition	
πιε			1.2 NAME		FAĴARDO, ALVARO		_ ;		
NAME	MESA, ARDO			r address	6418 N.W. 113 Place	•			
STREET ADDRESS	3471 NW 5TH ST				Miami, Fl 33178		•		
CITY-ST-ZIP	MIAMI FL 33125	DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP			Change	Addition	
TITLE	TVP	C: pereie	2.1 TILLE 2.2 NAME						
NAME	EGUES, RANDY				`	•			
STREET ADDRESS	16841 N.W. 80TH COURT			TADDRESS	· ·				
CITY: ST-ZIP	HIALEAH FL 33016	DELETE	2. 4 CITY-5 3.1 TITLE	T-ZIP			Change	- Addition	
TITLE	S COMEZ LUDANA	C occese							
NAME	GOMEZ, HIRAM		3.2 NAME		·	. *			
STREET ADDRESS	·			TADDRESS		. ,			
CITY-ST-ZIP	MIAMI FL 33155	☐ DELETE	3.4. CITY-5	ST-ZIP			Change	Addition	
IIITE	D CAPANTO ICOLO A	. Dereig	4,1 TITLE			•			
NÂME	CARAMES, JESUS A		4. 2 NAME				_		
STREET ADDRESS	3630 S.W. 26TH STREET			TADDRESS			,		
CITY-ST-ZIP	MIAMI FL 33133	- Driese	4.4 CITY-S	T-ZIP		 _	Change	☐ Addition	
TITLE	D D	☐ DELETE	5.1 TITLE						
NAME .	DUTTON, DOUGLAS		5.2 NAME	TADDOCCO					
STREET ADDRESS	1			TADDRESS		;		ı	
CITY-ST-ZIP	MIAMI FL 33133	El Del Erre	5.4 CITY-S 6.1 TITLE	T- ZIP		<u> </u>	Change	☐ Addition	
TITLE	D	☐ DELETE	f				ÉT AustriAq	T VOUIDO	
NAME	DAUSA, JOSE E		6.2 NAME						
STREET ADDRESS	l e e e e e e e e e e e e e e e e e e e			T ADDRESS					
CITY ST 7ID	MIAMI FL 33172		6.4 CITY-S	T-ZIP			•		

14. I hereby certify that the information supplied with this filling 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: