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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000002092 (2)

1. Corporation Name
SOUTH DADE PROPERTY RIGHTS ASSOCIATION, INC.

Principal Place of Business:
48 NE 15TH STREET SECOND FLOOR
HOMESTEAD FL 33030

Mailing Address:
48 NE 15TH STREET SECOND FLOOR
HOMESTEAD FL 33030-4507



2. Principal Place of Business:

2a. Mailing Address:

21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

LYNN, JOHN M
48 NE 15TH STREET SECOND FLOOR
HOMESTEAD FL 33030

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

3. Date Incorporated or Qualified 04/17/1996 3a. Date of Last Report
4. FII Number [X] 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. 195.032 Florida Statutes [] Yes [X] No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1408, 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: Type name and address of the registered agent and officer, if applicable. (NONE) Registered Agent's name is required when the liability of

Table with columns for OFFICERS AND DIRECTORS (12) and ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (13). Rows include Name, Title, Street Address, City, State, and Zip for various individuals like VICK, WALTER and ARANGO, ARMANDO A DR.

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 on any attachment with an address.

CR2E037 (9/96)