


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004468 (2)**  
1. Corporation Name  
**HOUSING FINANCE AUTHORITY OF DADE COUNTY FOUNDATION, INC.**

Principal Place of Business <b>25 WEST FLAGLER STREET MIAMI FL 33130</b>	Mailing Address <b>25 WEST FLAGLER STREET MIAMI FL 33130-1712</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>08/27/1996</b>	3a. Date of Last Report
4. FEI Number <b>52-1429613</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
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

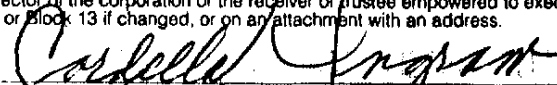
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HORN, DON L</b>
STREET ADDRESS	<b>200 S.E. 1ST STREET, SUITE 1100</b>
CITY - ST - ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WALLACE, MILTON J</b>
STREET ADDRESS	<b>2222 PONCE DE LEON BLVD., SUITE 600</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GORDON, ROSE</b>
STREET ADDRESS	<b>6400 S.W. 50TH STREET</b>
CITY - ST - ZIP	<b>MIAMI FL 33155</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MARTIN, EUNICE</b>
STREET ADDRESS	<b>1444 BISCAYNE BOULEVARD, SUITE 220</b>
CITY - ST - ZIP	<b>MIAMI FL 33132</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, REY</b>
STREET ADDRESS	<b>10400 S.W. 19TH STREET</b>
CITY - ST - ZIP	<b>MIAMI FL 33185</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ATKINS, JAMES</b>
STREET ADDRESS	<b>8101 S.W. 140TH TERRACE</b>
CITY - ST - ZIP	<b>MIAMI FL 33158</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Shalley Jones, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>1000 Brickell Avenue</b>
1.3 STREET ADDRESS	<b>Suite 600</b>
1.4 CITY - ST - ZIP	<b>Miami, FL 33131</b>
2.1 TITLE	<b>Don Horn, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>200 S.E. 1st Street</b>
2.3 STREET ADDRESS	<b>Suite 1100</b>
2.4 CITY - ST - ZIP	<b>Miami, FL 33131</b>
3.1 TITLE	<b>Cordella Ingram, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>600 Brickell Avenue</b>
3.3 STREET ADDRESS	<b>Suite 206-NF</b>
3.4 CITY - ST - ZIP	<b>Miami, FL 33131</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

4. 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 an attachment with an address.

SIGNATURE: 

CR2E037 (9/96)