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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004468 (2)
1. Corporation Name
HOUSING FINANCE AUTHORITY OF DADE COUNTY FOUNDATION, INC.

Principal Place of Business: 25 WEST FLAGLER STREET MIAMI FL 33130
Mailing Address: 25 WEST FLAGLER STREET MIAMI FL 33130-1712

3. Date Incorporated or Qualified: 08/27/1996
3a. Date of Last Report
4. FEI Number: 52-1429613
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25
Country: 29
Country: 30

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
85 Zip Code: FL

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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Shalley Jones, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORN, DON L	1.2 NAME	1000 Brickell Avenue
STREET ADDRESS	200 S.E. 1ST STREET, SUITE 1100	1.3 STREET ADDRESS	Suite 600
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Don Horn, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, MILTON J	2.2 NAME	200 S.E. 1st Street
STREET ADDRESS	2222 PONCE DE LEON BLVD., SUITE 600	2.3 STREET ADDRESS	Suite 1100
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Cordella Ingram, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, ROSE	3.2 NAME	600 Brickell Avenue
STREET ADDRESS	6400 S.W. 50TH STREET	3.3 STREET ADDRESS	Suite 206-NF
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, EUNICE	4.2 NAME	
STREET ADDRESS	1444 BISCAYNE BOULEVARD, SUITE 220	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, REY	5.2 NAME	
STREET ADDRESS	10400 S.W. 19TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, JAMES	6.2 NAME	
STREET ADDRESS	8101 S.W. 140TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	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: *Cordella Ingram*

CR2E037 (9/96)