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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

25 WEST FLAGLER STREET
MIAMI FL 33130

25 WEST FLAGLER STREET
MIAMI FL 33130

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/27/1996

4. FEI Number

52-1428613

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

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, SHALLEY	
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 600	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HORN, DON	
STREET ADDRESS	200 S.E. 1ST STREET, SUITE 1100	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	D	<input type="checkbox"/> DELETE
NAME	INGRAM, CORDELLA	
STREET ADDRESS	600 BRICKELL AVENUE, SUITE 208-NF	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, EUNICE	
STREET ADDRESS	1444 BISCAYNE BOULEVARD, SUITE 220	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANCHEZ, REY	
STREET ADDRESS	10400 S.W. 19TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ATKINS, JAMES	
STREET ADDRESS	8101 S.W. 140TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33158	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Milton Wallace	
1.3 STREET ADDRESS	2222 Ponce de Leon Blvd., Suite 600	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	

2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Aida Diego	
2.3 STREET ADDRESS	6421 S.W. 16th Terrace	
2.4 CITY-ST-ZIP	Miami, FL 33155	

3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jose Rodriguez	
3.3 STREET ADDRESS	2436 S.W. 8th Street	
3.4 CITY-ST-ZIP	Miami, FL 33185	

4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marian Smith	
4.3 STREET ADDRESS	7330 N. Oakmont Drive	
4.4 CITY-ST-ZIP	Miami, FL 33015	

5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Anna Leggett	
5.3 STREET ADDRESS	11380 N.W. 27th Ave., Rm. 8310	
5.4 CITY-ST-ZIP	Miami, FL 33167	

6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Santiago Echmendia	
6.3 STREET ADDRESS	2 S. Biscayne Blvd., Suite 8400	
6.4 CITY-ST-ZIP	Miami, FL 33131	

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:

Patricia Braynon

PATRICIA BRAYNON

2/2/98

(305)372-7990

CR2E037 (10/97)