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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004793

1. Corporation Name

DISTRICT 35-A PROJECTS, INC.

Principal Place of Business

166 HIALEAH DRIVE
 HIALEAH FL 33010

Mailing Address

166 HIALEAH DRIVE
 HIALEAH FL 33010



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/21/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0778780	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

HOLDEN, FRANCIS E JR.
 166 HIALEAH DRIVE
 HIALEAH FL 33010

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEGRET, ISABEL	1.2 NAME	Burgos, Antonio
STREET ADDRESS	2800 SW 108 AVE	1.3 STREET ADDRESS	701 S Highland Dr
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, WILLIE	2.2 NAME	Rae Gallagher
STREET ADDRESS	781 E 36TH ST	2.3 STREET ADDRESS	865 NE 142 St
CITY-ST-ZIP	HIALEAH FL 33013	2.4 CITY-ST-ZIP	No Miami, FL 33161
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	LEONARD, MARIA DEL C	3.2 NAME	
STREET ADDRESS	6157 NW 167 ST F21	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	NEWCOMB, BETTY	4.2 NAME	
STREET ADDRESS	7075 W 3 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33161	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SLEMP, SANDRA	5.2 NAME	
STREET ADDRESS	277 NE 142 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI FL 33161	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOLDEN, JR FRANCIS E	6.2 NAME	
STREET ADDRESS	166 HIALEAH DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Betty Newcomb* **Betty Newcomb** 4-9-99 305-669-0119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)