	PROFIT	FLORIDA I	DEPART	MENT OF STATE		APPRO	VED.		
	RPORATION  JAL REPORT	<b>學</b> 解	atherine		. }	AN AN	$\Omega_{\sim}$		
	1.25	· /	ecretary o	State P RPORATIONS		FILI	I.U		
	1999	DIVISION				00 800 10	AM IO.		
	MENT # N9700000	5029				99 AUG 16	AM IU:	1 /	
1. Corporatio	n Name					PEODETADY	THE OTA	TE	
					ł	SECRETARY TALLAHASSE	FLORI	DA	
NATION	AL AFFORTABLE HOU	SING FOUND	ATIO	N, INC.	1	77 (1247 11 11 1004	w, 1 200, 11	, ,	
Principal Plac	e of Business	Mailing Address							
8410 NE 1st Place 18910 NE 20th Avenue									
Miami Fl 33138 North Miami Fl 33179					-	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
2. Deigning D	Name of Dunings	2a Mailing Address				09/04/1997			F- 4.5
2. Principal P	Place of Business	2a. Mailing Address	s		l	4. FEI Number 65-0779481			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	tc.			S. Ondifferto of Danton Declared		\$8.75 A	
2		27		· · · · · · · · · · · · · · · · · · ·		5. Certifcate of Status Desired		Fee Rec	uired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	
3 Zip	Country	Zip		Country		Trust Fund Contribution  8. This corporation owes the current	t vear Intar	Added to	rees
4	25	29	30	ol		Personal Property Tax.	٠.		□No
	9. Name and Address of Current	Registered Agent				IO. Name and Address of New Re	gistered A	gent	
	O, STEWART			81 Name	MS	MILLIE HARPER	•		
1/99 NE 164 Street Suite 106&109 82 Street Andress (P.O. Box Number is Not Acceptable)									
NORTH	MIAMI BEACH PL 33	3160		83	140	1 NE 155 TERRACE			
								r	
				84 City	N.M	IAMI, FL ac	FL	ת מולי.   85  מיני	046, 1 & Q
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes,	the above-named	corpora	tion submits this statement for the p	rpose of ch	nanging its r	egistered
agent. I a	egistered agent, or both, in the State of the obligation of the ob	ons of, Section 67.05	was auth 05, Florida	Str'	orauons	board of directors. I hereby accept	The ap ont	nieni as reg	istereu
SIGNATURE	MS. MILLIE HAI Signature, typed or printed name of registered agent	RPER	Kee	gistera Agent stynaure i	ڀِب	en reinstating)		<u> </u>	
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 12
TITLE	PD	₹ DELE	TE	1.1 TITLE	PD			Change	<b></b> ■ Addition
NAME	MCLEOD, STEWART			1.2 NAME	MS.	MILLIE HARPER			•
STREET ADDRESS	940 NW 199th St			1.3 STREET ADDRESS	1.	1 NE 155 TERRAC	E		
CITY-ST-ZIP TITLE	MIAMI PL 33169	₽ DELE	TE	1.4 CITY-ST-ZIP 2.1 TITLE	1	MIAMI, FL 33168		Change	Addition
NAME	SD CANDIA	21		2.2 NAME	SD	DADA UTDURTT		********	×
STREET ADDRESS	STANLEY, SANDIA 384 NW 93rd ST	ע		2.3 STREET ADDRESS		RBARA KIDWELL LO NE 1st PL			
CITY-ST-ZIP	MIAMI FL 33150			2.4 CITY-ST-ZIP	MTI	MI FL 33138			
TITLE	134334	☐ DELE	ETE	3.1 TITLE	TD	434 AT 22720	1	Change	Addition
NAME	TD			3.2 NAME		TNA MTD77A			
STREET ADDRESS CITY-ST-ZIP	MOLINA, MIRZZA 471 IVES DAIRY R	OND C 105		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		LINA, MIRZZA 210 NE 20th AVE	ađđ	lress	only
TITLE	MIAMI PL 33179	DELE	TE	4.1 TITLE		MIAMI FL 33179		☐ Change	Addition
NAME	111111111111111111111111111111111111111			4.2 NAME					1
STREET ADDRESS				4.3 STREET ADDRESS					왕. 왕당.
Try-ST-ZIP		Clock	TE	4.4 CITY-ST-ZIP	!			Chones	100
TITLE NAME		☐ DELE	.IE	5.1 TITLE 5.2 NAME		. RICHARD BENNE	TT '	Change	Addition
STREET ADDRESS				5.3 STREET ADDRESS	68	1 NW 15 AVENUE			
CITY-ST-ZIP				5.4 CITY-ST-ZIP	MI	AMI, FL 33147			]
TITLE		☐ DELE	TE	6.1 TITLE	-		024	Change	Addition
NAME				6.2 NAME		800002	⊅ ( <del>1</del> /99∩	1037-	011
STREET ADDRESS				6.3 STREET ADDRESS	١	事事事業 -00\21	61.25	*****	61.25

6.4 CITY-ST-2IP

14. I hereby certify that the information supplied with this filing does not quely for the exemption stated in the control of the control of

**AMENDMENT** 

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CR2E034 (11/98)

\*\*\*\*61.25

SIGNATURE.

CITY-ST-ZIP