


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

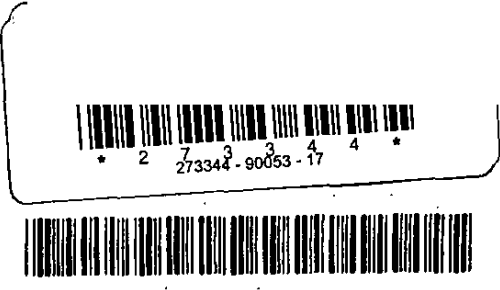
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005652**

1. Corporation Name  
**AFFORDABLE HOUSING OF SOUTH FLORIDA, INC.**

Principal Place of Business 7200 MINDELLO STREET CORAL GABLES FL 33143	Mailing Address 7200 MINDELLO STREET CORAL GABLES FL 33143
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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	3. Date Incorporated or Qualified 10/06/1997	4. FEI Number 31-1581295 APPLIED FOR	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVENUE 28TH FLOOR MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name <b>LAWRENCE MINTZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7200 MINDELLO ST. CORAL GABLES, FL</b> 83 84 City <b>CORAL GABLES</b> FL 85 Zip Code <b>33143</b>
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11. Pursuant to the provisions of Sections 817.0502 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 *Lawrence Mintz* **LAWRENCE MINTZ** 3/18/99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER, DIRECTOR, SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTZ, LAWRENCE	1.2 NAME	MINTZ, LAWRENCE
STREET ADDRESS	7200 MINDELLO STREET	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	CORAL GABLES FL 33143	1.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, MELISSA	2.2 NAME	CAMPBELL, MELISSA
STREET ADDRESS	7200 MINDELLO STREET	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	CORAL GABLES FL 33143	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	EISENBERG, HERBERT	3.2 NAME	
STREET ADDRESS	7200 MINDELLO STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JOY BRAHMS
STREET ADDRESS		4.3 STREET ADDRESS	7200 MINDELLO ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Lawrence Mintz* SIGNATURE REQUIRED 2/12/99 305-668-0959

CR2E037 (11/98)