SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Aug 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT # N9700006595 (9)

| Principal Place of Business Mailing Address | | |
|--|---|---|
| | AINE MINES WINS | CAFOL DITT FOOF |
| 1401 N.W. 7TH STREET C/O ELIZABETH POE/ DADE COUNTY HUD 1401 N.W. 7TH STREET, BLDG, F MIAMI FL 33125 3. Date incorporated or Qualified 11/20/1997 4. FEI Number | | pplied For |
| 2. Principal Place of Business 2a. Mailing Address | | ot Applicable |
| 21 1301 NahW.7 st \$303 28 5. Certificate of Status Desired | | Additional equired |
| Sulte, Apt. #, etc. 6. Election Campaign Financing | \$5.00 | |
| 22 Trust Fund Contribution City & State City & State 7 In this perpendit conception a horsesting a larger of the contribution of the contributi | Added I | |
| City & State City & State 7. Is this nonprofit corporation a homeowner Yes 28 | s associatio No | n? |
| Zip Country Zip Country 8. This corporation owes or has paid the curr | | enalble |
| 24 33125 25 29 30 Personal Property Tex due June 30. | Yes [| No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | Agent | |
| 81 Name | | |
| POE, ELIZABETH 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| C/O M.D.H.A., ELIZABETH POE | | |
| 1401 N.W. 7TH ST, BLDG. "F" 83 | | |
| MIAMI FL 33125 | 85 Zip | Code |
| 11. Pursuant to the provisions of sections 617 0502 and 617 1508. Floride Statutes, the above permed corporation submits this statement for the purpose of sheet | Balaa Ha raa | lotorod |
| | | ligiatan |
| 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 appointing | ment as reg | Istered |
| 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 char 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 appoints agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. | ment as reg | istered |
| SIGNATURE | ment as reg | listered |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. | D DIRECTO | DRS IN 12 |
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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE NAME SUAREZ, SONIA 1.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33125 1.4 CITY-ST-ZIP NAME SANTIAGO, FRANCISCO STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 1301 N.W. 7TH STREET, #114 MIAMI FL 33125 | D DIRECTO | DRS IN 12 |
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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: