FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:35

DOCUMENT # P93000032615 (5)

1. Corporation Name
RICHMOND PINE HOUSING CORPORATION

Principal Place of Business	Mailing Address
C/O SOUTH DADE REDEVELOPMENT CORP. 7600 CORPORATE CENTER DRIVE, SUITE 3902 MIAMI FL 33126-1216	C/O SOUTH DADE REDEVELOPMENT CORP. 7600 CORPORATE CENTER DRIVE, SUITE 3902 MIAMI FL 33126-1216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1993
3a. Date of Last Report: 09/22/1994

2. Principal Place of Business
21 1550 Madruga Ave., Ste 215
Suite, Apt. #, etc.
22 Miami, Florida
City & State
23 33146 USA
Zip / Country
24 / 25

2a. Mailing Address
26 1550 Madruga Ave., Ste 215
Suite, Apt. #, etc.
27 Miami, Florida
City & State
28 33146 USA
Zip / Country
29 / 30

4. FEI Number: APPLIED FOR 65-0564837 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DE RAMON, GONZALO
1461 BRICKELL AVENUE, SUITE 309
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	XX Change	☐ Addition
NAME	FREIDMAN, MITCHELL M	1.2 NAME	Friedman, Mitchell M.	
STREET ADDRESS	7600 CORP. CENTER DRIVE, SUITE 3902	1.3 STREET ADDRESS	1550 Madruga Avenue, Suite 215	
CITY-ST-ZIP	MIAMI FL 33126-1216	1.4 CITY-ST-ZIP	Coral Gables, Florida 33146	
TITLE	CD	2.1 TITLE	XX Change	☐ Addition
NAME	STOKES, WILLIAM DR.	2.2 NAME		
STREET ADDRESS	7600 CORP. CENTER DRIVE, SUITE 3902	2.3 STREET ADDRESS	1550 Madruga Avenue, Sutie 215	
CITY-ST-ZIP	MIAMI FL 33126-1216	2.4 CITY-ST-ZIP	Coral Gables, Florida 33146	
TITLE	VD	3.1 TITLE	XX Change	☐ Addition
NAME	GOODE, RAY R	3.2 NAME		
STREET ADDRESS	7600 CORP. CENTER DRIVE, SUITE 3902	3.3 STREET ADDRESS	1550 Madruga Avenue, Suite 215	
CITY-ST-ZIP	MIAMI FL 33126-1216	3.4 CITY-ST-ZIP	Coral Gables, Florida 33146	
TITLE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/2/95 305/669-0949
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Mitchell M. Friedman

0184038 CP