

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000032629 (6)

1. Corporation Name

GMN AFFORDABLE HOUSING PARTNER X, INC.

Principal Place of Business

1460 BRICKELL AVENUE
SUITE 309
MIAMI FL 33131

Mailing Address

1460 BRICKELL AVENUE
SUITE 309
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1993	3a. Date of Last Report 06/23/1994
4. FEI Number 65-0476567	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	
6. This corporation files liability for information tax under § 199, Fla. Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

GREATER MIAMI NEIGHBORHOODS, INC.
1460 BRICKELL AVE., # 309
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0503 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

Signature of Registered Agent or Principal Agent or Officer or Director

Signature of Registered Agent or Principal Agent or Officer or Director

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	VD
NAME	POLLACK, ROBERT W JR	NAME	AGUSTIN DOMINGUEZ
STREET ADDRESS	1460 BRICKELL AVE., SUITE 309	STREET ADDRESS	1460 BRICKELL AVE 309
CITY, ST, ZIP	MIAMI FL 33131	CITY, ST, ZIP	MIAMI FL 33131
TITLE	D	TITLE	
NAME	WOLFSON, LOUIS III	NAME	
STREET ADDRESS	8940 NE 24TH TERRACE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33131	CITY, ST, ZIP	
TITLE	VD	TITLE	
NAME	ANDERSON EUGENIA J.	NAME	
STREET ADDRESS	1460 BRICKELL AVE., # 309	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33131	CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

606014 J ANDERSON

5/1/95

(305) 375-503