


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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEL 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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **SIBLEY, RUSSELL A**
STREET ADDRESS **1460 BRICKELL AVE., SUITE 309**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ DELETE

NAME **WOLFSON, LOUIS III**
STREET ADDRESS **8940 NE 24TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VD** ☐ DELETE

NAME **ANDERSON EUGENIA J.**
STREET ADDRESS **1460 BRICKELL AVE., # 309**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PD** ☐ DELETE

NAME **DOMNIGUEZ, AGUSTIN**
STREET ADDRESS **1460 BRICKELL AVE 309**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or if an appointment with an address.

SIGNATURE:

MARIO A. SARIO / Comptroller - 1/5/98 305 3745503

CR2E034 (10/97)