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

APPROVED AND FILED
95 MAY -1 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000032802 (9)

1. Corporation Name

GMN AFFORDABLE HOUSING PARTNER VI, INC.

Principal Place of Business	Mailing Address
1460 BRICKELL AVENUE SUITE 309 MIAMI FL 33131	1460 BRICKELL AVENUE SUITE 309 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 05/05/1993
3a. Date of Last Report: 06/23/1994
4. FEI Number: 65-0413016 ☐ 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

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) DATE ______ (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	VD ☐ Change ☒ Addition
NAME	POLLACK, ROBERT W JR	12 NAME	AGUSTIN DOMINGUEZ
STREET ADDRESS	1460 BRICKELL AVE., SUITE 309	13 STREET ADDRESS	1460 BRICKELL AVE 309
CITY, ST, ZIP	MIAMI FL 33131	14 CITY, ST, ZIP	MIAMI FL 33131
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WOLFSON, LOUIS III	22 NAME	
STREET ADDRESS	8940 NE 24TH TERRACE	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33172	24 CITY, ST, ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	ANDERSON EUGENIA J.	32 NAME	700001475497
STREET ADDRESS	1460 BRICKELL AVE., # 309	33 STREET ADDRESS	-05/04/95--01027--017
CITY, ST, ZIP	MIAMI FL 33131	34 CITY, ST, ZIP	***3896.25 ****208.75
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	BR 5/1
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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: [signature] 5/1/95 (305) 374-5503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EUGENIA ANDERSON

0128204 CP