

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90157 001 \*3,226.25

DOCUMENT # P93000032816

1. Corporation Name

GMN AFFORDABLE HOUSING PARTNER VII, 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. FEI Number

65-0455178

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 the current year intangible  
Personal Property Tax.



Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 AVENUE #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 33172

TITLE D ☐ DELETE  
NAME ANDERSON, EUGENIA  
STREET ADDRESS 1460 BRICKELL AVE., SUITE 309  
CITY-ST-ZIP MIAMI FL 33131

TITLE PD ☐ DELETE  
NAME DOMINGUEZ, AGUSTIN  
STREET ADDRESS 1460 BRICKELL AVE 309  
CITY-ST-ZIP MIAMI FL 33131

TITLE C ☒ DELETE  
NAME SARIOL, MARIO A  
STREET ADDRESS 1460 BRICKELL AVE., #309  
CITY-ST-ZIP MIAMI FL 33131

TITLE T ☐ DELETE  
NAME DE RAMON, GONZALO  
STREET ADDRESS 1460 BRICKELL AVE., #309  
CITY-ST-ZIP MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

AGUSTIN DOMINGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3053745503

CR2E034 (11/98)