SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000038223 (2) DOCUMENT # FLORIDA FAIR HOUSING, CORP. Principal Place of Business Mailing Address 1915 BRICKELL AVE., #C809 8512 SW 169TH TERRACE MIAMI FL 33129 MIAMI FL 33157 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1993 06/06/1995 2. Principal Place of Business FEI Number Applied For 21 65-0383840 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζıρ 8. This corporation has liability for intangible tax under s. 199 032, 24 25 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EKONOMOU, NICHOLAS E 1915 BRICKELL AVE., #C809 Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33129 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signative type disciplented name of registered agent and title if applicable (hid)*t - Registered Agent signature required wher reinstatings 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/8)PVPT DELETE TITLE 1.1 TITUE Change Adoition **EKONOMOU, NICHOLAS E** NAME 1.2 NAME CR2E034 1915 BRICKELL AVE., #C809 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33129** CITY-ST-ZIP 14 City - \$* - ZIP DELETE TITLE Change Addition 2.1 TillE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2 4 CITY - ST - ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 CHY-S1-ZIF DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZIP DELETE 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 DELETE € LTITLE Change Addition NAME 6.2 NAME STREET ADDRESS €3 STREEF ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the first further certify that the information made under oath, that I am an that my name appears in Blog. nished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes T emental annual report is true and accurate and that my signature shall have the receiver or trustee empowered blexecute this report as required by Chapter 6. orida Statutes, and

ment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE;