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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

HOUSING INVESTMENT CORPORAT	U51131 (9) ION			
Principal Place of Business	Mailing Address			1181 1881 11888 1186 1181 1881
200 M.M. AS STREET SHIT MIMMI SHORES AT CONES	P.O. BOX 530731 MIAMI SHORES FL 33153		DO NOT WRITE IN THE 3. Date Incorporated or Qualified	S SPACE
			07/16/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite 103	26		65-0425906	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 4100 N. Miami Avenue City & State	City & State		Election Campaign Financing	\$5.00 May Be
23 Miami, Florida 33127	28		Trust Fund Contribution	Added to Fees
Zip Country	Zιp	Country	8. This corporation owes or has paid the o	_ ' '
24 33127 25 US		30	Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Registere	d Agent
HALŁ, JON C			delegation (D.O. David, Market la Market Market la Marke	
ALIAMIC HOREO PE CO 100		Su	82 Street Address (P.O. Box Number is Not Acceptable) Suite 103	
		4100 N. Miami Avenue		
:		84 City Mi	ami F	85 Zip Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	and 607.1508, Florida Statutes Florida: Such change was au ons of, Section 607.0505, Flori	s, the above-named c ithorized by the corpo ida Statutes.	orporation submits this statement for the purpose oration a board of directors. I hereby accept the a	of changing its registered provintment as registered
SIGNATURE Signature, typed or printed name of registered agent.		Registered Agent signature/	hujud when reinstaling) DATE	
Signature, typed or printed name of registered agent. 12. OFFICERS AND	and title if applicable. (NOTE:	Registered Agent signature/	And May 1	ND DIRECTORS IN 12
Signature, typed or priviled name of registered agent. 12. OFFICERS AND TITLE R	and title if applicable. (NOTE:	Registered Agent signature of 13.	hujud when reinstaling) DATE	
Signature, typed or privided name of registered agent. 12. OFFICERS AND TITLE NAME MONRO FAMOND	and title if applicable. (NOTE:	Registered Agent signature/s 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
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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. 305-573-0075

6.3 STREET ADDRESS

FILED

Jan 27 1998 8:00am

Secretary of State