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 May 06, 1999 8:00 am Secretary of State

05-06-1999 90173 025 ***150.00

DOCUMENT #	P93000051131
4 0	

Corporation Name

HOUSING INVESTMENT CORPORATION

11000111					
Principal Place	e of Business	Mailing Address			9627 23101 33001 11000 11101 1121 1121
4100 NORTH N	IIAMI AVE.	4100 NORTH MIAMI AVE.			
SUITE 103		SUITE 103		DO NOT WRITE IN	TILLE COACE
MIAMI FL 3312	7	MIAMI FL 33127		DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE
				07/16/1993	
0 Dissipat D	leas of Diversion	2a. Mailing Address		4. FEI Number	Applied For
_	lace of Business		530771	65-0425906	Not Applicable
Suite, Apt.	# ato	26 7.0	330131		\$8.75 Additional
	#, etc.	27 MIAMISHO	nes Fl	5. Certificate of Status Desired	Fee Required
22 City & Stat	ie	City & State	,,,,,	6. Election Campaign Financing	\$5.00 May Be
23	~	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible
24	25	33163	50 0731 USI	Personal Property Tax.	☐ Yes ☐ No
= 11	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regist	ared Agent
			81 Name		
	L, JON C		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	103		02 0110017100	,	
	DIN MIAMI AVE		83		
MIAI	MI FL 33127		84 City		85 Zip Code
					FL
11. Pursuant	to the provisions of Sections \$07.050	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpo	se of changing its registered
office or r	registered agent, or both, in the State am familiar with, and acceptane obliga	of Florida. Sugh change was aut tions of, Section 607.0505, Florid	thorized by the corporati da Statutes.	ion's board of directors. I hereby accept the	appointment as registered
ł	1.15	71N1		03	110/99
SIGNATURE	Signature, typed or printed manua of registered age	nt and tibe if applicable. (NOTE R	Registered Agent signature require	od what fallistating)	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	T 🗘 / /	☐ DELETE	1.1 THTLE	ion Director	☐ Change ☐ Addition
NAME	FRANKLIN JÖSEPH		1.2 NAME		
STREET ADDRESS		3	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		1.4 CITY-ST-ZIP		Change Addition
TITLE	VP €	☐ DELETE		PO DILECTOR	Change Addition
NAME	SIMON, B.		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE NJ 04470		2, 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	PO /	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EDMUND MUNRO		3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	ESCONDIDO CA 33312		3 4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	S, D, PRes.	V DELETE		ton pinuton	
NAME	HALL, JON C		4.2 NAME	Add President	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL 33138				
TITLE		□ nei ete	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
	V.P.	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	. V. P.	☐ Change ☐ Addition
NAME	ANIE, G		4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	EVERETT AILLE	
STREET ADDRESS	ANIE, G 4100 NORTH-MIAMI AVE. SUIT		4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	EVERETT AILLE	
STREET ADDRESS CITY-ST-ZIP	ANIE, G	TE 103	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	. V. P.	Mami, Fla.33127
STREET ADDRESS CITY-ST-ZIP TITLE	ANIE, G 4100 NORTH-MIAMI AVE. SUIT		4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	EVERETT AILLE	
STREET ADDRESS CITY-ST-ZIP	ANIE G 4100 NORTH-MIAMI AVE. SUIT MIAMI FL 33127	TE 103	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	EVERETT AILLE	Mami, Fla.33127

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 changes, or on ap attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)