FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076645 (9)

1. Corporation Name

SOUTH FLORIDA CMHC, INC.

Principal Place of Business	Mailing Address
717 PONCE DE LEON RD. SUITE 317 CORAL GABLES FL 33134	717 PONCE DE LEON RD. SUITE 317 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 05/31/1995

2. Principal Place of Business
21 15500 New Barn Road
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Miami Lakes, FL
Zip 24 33014 Country 25

2a. Mailing Address
26 15500 New Barn Road
Suite, Apt. #, etc
27 Suite 100
City & State
28 Miami Lakes, FL
Zip 29 33014 Country 30

4. FEI Number: 65-0481717 ☐ 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

GOSS, PHILIP E JR
717 PONCE DE LEON BLVD.
SUITE 317
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Dergan, Jose
82 Street Address (P.O. Box Number is Not Acceptable): 15500 New Barn Road, Suite 100
83 100
84 City: Miami Lakes, Fl FL 85 Zip Code: 33014

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] DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	GOSS, PHILIP E JR	
STREET ADDRESS	717 PONCE DE LEON BOULEVARD, SUITE 317	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME	Dergan, Jose	
1.3 STREET ADDRESS	717 Ponce de Leon Blvd #237	
1.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
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	400001915894	
5.4 CITY-ST-ZIP	-08/08/96--01013--027	
6.1 TITLE	***225.00	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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] 8/7/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #