

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

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Aug 06, 1999 8:00 am  
Secretary of State

08-06-1999 90007 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000076645**

1. Corporation Name

**SOUTH FLORIDA CMHC, Inc.**

Principal Place of Business

**4898 N.W. 75t.  
MIAMI, FL 33126**

Mailing Address

**4898 NW 75t.  
MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/1/93**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

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 owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**ALAMO, JOSEPH  
10842 S.W. 142 Ct.  
MIAMI, FL 33186**

10. Name and Address of New Registered Agent

**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 **PD** ☐ DELETE  
NAME **ALAMO, JOSEPH**  
STREET ADDRESS **10842 S.W. 142 Ct.**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **V** ☒ DELETE  
NAME **ALAMO, ARTURO**  
STREET ADDRESS **2655 COLLINS AVE. #1901**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **S** ☒ DELETE  
NAME **ALAMO, ENEDINA**  
STREET ADDRESS **2655 COLLINS AVE. #1901**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: x

**JOSEPH ALAMO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

p93000076645  
602317-90007-40

SOUTH FLORIDA C.M.H.C., INC.

4898 N. W. 7th Street  
Miami, Florida 33126

Telephone (305) 446-5000  
Fax (305) 567-9800

July 26, 1999

Secretary of State  
Tallahassee, Florida

Re: South Florida C.M.H.C., Inc.  
Annual Registration - Year 1999

Gentlemen:

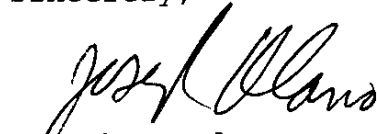
I am enclosing the annual registration form of the above named Company of which I am the sole stockholder and officer.

I would appreciate your waiving the penalty for late filing because I did not receive the renewal annual registration. It seems that the original address of the Company had been wrong.

I am enclosing the annual registration fee of \$150.00.

I really appreciate your kind consideration to this matter, and hopefully this will not be repeated in the future.

Sincerely,



Joseph L. Alamo  
President