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 # P95000067880 (1)

1. Corporation Name
CORNERSTONE AFFORDABLE HOUSING II, INC.

Principal Place of Business
2121 PONCE DE LEON BLVD., STE. 650
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BLVD., STE. 650
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 09/01/1995
3a. Date of Last Report:
4. FEI Number: 65-0630908 — ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

WOLFE, LEON J
100 SE 2ND ST.
MIAMI FL 33131-2130

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 607.1505, 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 ____ DATE ____

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	MEYERS, STUART	
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE. 650	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ DELETE
NAME	BOGGIO, LLOYD	
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE. 650	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ DELETE
NAME	LOPEZ, JORGE	
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE. 650	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ DELETE
NAME	MARCUS, STEWART	
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE. 650	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	500001713995	
3.3 STREET ADDRESS	-02/13/96--01123--002	
3.4 CITY-ST-ZIP	***200.00	
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		

[handwritten initials] 2/12/96

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)(x), 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] Stuart Meyers — 2/8/96 — (305) 441-8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)