


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

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P95000067880 (1)</b> 1. Corporation Name <b>CORNERSTONE AFFORDABLE HOUSING II, INC.</b>		

Principal Place of Business <b>2121 PONCE DE LEON BLVD., STE. 650 CORAL GABLES FL 33134</b>	Mailing Address <b>2121 PONCE DE LEON BLVD., STE. 650 CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2121 Ponce De Leon</b>		2a. Mailing Address <b>2121 Ponce De Leon</b>		3. Date Incorporated or Qualified <b>09/01/1995</b>	
21 Suite, Apt. #, etc. <b>Penthouse II</b>		26 Suite, Apt. #, etc. <b>Penthouse II</b>		4. FEI Number <b>65-0630908</b>	
22 City & State <b>Coral Gables, FL</b>		27 City & State <b>Coral Gables, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>33134</b>		28 Zip <b>33134</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>WOLFE, LEON J 100 SE 2ND ST. MIAMI FL 33131-2130</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MEYERS, STUART	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2121 PONCE DE LEON BLVD., STE. 650	1.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BOGGIO, LLOYD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2121 PONCE DE LEON BLVD., STE. 650	2.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D LOPEZ, JORGE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2121 PONCE DE LEON BLVD., STE. 650	3.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MARCUS, STEWART	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2121 PONCE DE LEON BLVD., STE. 650	4.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JORGE LOPEZ 2/6/98**

Date

Daytime Phone # 0191834

CR2E034 (1097)