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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070115 (7)

MINORITY DEVELOPMENT HOUSING OPORTUNITY INC.

Principal Place of Business

Mailing Address

9411 N.W. 22ND AVE MIAMI FL 33147

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME 9411 N.W. 22ND AVE MIAMI FL 33147

FILED May 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0669126 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zio 8. This corporation owes or has paid the current year Intangible Yes 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RUIZ, JOSE Name 1570 N.E. 143 STREET 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33161 вз 84 City Zip Code 85 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, type-dior printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE RUIZ, JOSE 1.2 NAME NAME CR2E034 1570 N.W. 143 STREET 1.3 STREET ADDRESS STREET ADDRESS **NORTH MIAMI FL 33161** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME

14. Thereby 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 altachment supply address.

5.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

and the state of t

1/20/00

305-893-827

Change

☐ Addition