FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S83636** **(8)**

1. Corporation Name

GMN AFFORDABLE HOUSING PARTNER II, INC.

Principal Place of Business
1460 BRICKELL AVENUE
SUITE 309
MIAMI FL 33131

Mailing Address
1460 BRICKELL AVENUE
SUITE 309
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1991**
3a. Date of Last Report: **06/23/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **65-0412995** — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREATER MIAMI NEIGHBORHOODS, INC.
1460 BRICKELL AVE.
 # 309
MIAMI FL 33131

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 _____ (Name of Registered Agent) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	POLLACK, ROBERT W. JR.	1.2 NAME	AGUSTIN DOMINGUEZ	
STREET ADDRESS	1460 BRICKELL AVE.,#309	1.3 STREET ADDRESS	1460 BRICKELL AVE 309	
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	MIAMI FL 33131	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	WOLFSON, LOUIS III	2.2 NAME		
STREET ADDRESS	9350 S DIXIE HWY #900	2.3 STREET ADDRESS		
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON EUGENIA	3.2 NAME	000001475490	
STREET ADDRESS	1460 BRICKELL AVE.	3.3 STREET ADDRESS	-05/04/95--01027--017	
CITY, ST, ZIP	MIAMI FL 33131	3.4 CITY, ST, ZIP	***3896.25 ****208.75	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY, ST, ZIP		4.4 CITY, ST, ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY, ST, ZIP		5.4 CITY, ST, ZIP		
TITLE		6.1 TITLE	SM511	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY, ST, ZIP		6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: _____ 5/1/95 (305)374-5503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
BY
EUGENIA J. ANDERSON VP

0127020 CP