

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

FILED

Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V26462 (4)  
1. Corporation Name  
GMN AFFORDABLE HOUSING PARTNER IV, INC.

Principal Place of Business 1460 BRICKELL AVE. # 309 MIAMI FL 33131	Mailing Address 1460 BRICKELL AVE. # 309 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0413012	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 checked="" type="checkbox"/> 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

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	PD	DELETE		1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AGUSTIN, DOMINGUEZ			1.2 NAME	Gonzalo De Ramon		
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	DELETE		2.1 TITLE	Comptroller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOLFSON, LOUIS III			2.2 NAME	Mario A. Sarriso		
STREET ADDRESS	8940 NE 24TH TERRACE			2.3 STREET ADDRESS	1460 Brickell Ave. #309		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL 33131		
TITLE	VD	DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON EUGENIA J.			3.2 NAME			
STREET ADDRESS	1460 BRICKELL AVE., # 309			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			3.4 CITY-ST-ZIP			
TITLE	VD	DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIBLEY, RUSSELL A JR.			4.2 NAME			
STREET ADDRESS	1460 BRICKELL AVE 309			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			4.4 CITY-ST-ZIP			
TITLE		DELETE		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		DELETE		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: *MARIO A. SARRISO*  
SIGNATURE REQUIRED *Comptroller*  
1/15/98 305-374-5503 116

CR2E034 (10/97)