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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V61021 1. Corporation Name

AFFORDABLE DWELLINGS, INC.

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90063 040 ***150.00



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Principal Pl	lace of Business	Mailing Address		_	1 1901 01101 01101 11011 00110 1101				
19355 N.E. 36TH COURT. #7-E 19355 N.E. 36TH COURT. #7-E									
			. ,	2180		- W. T. WO. C			
N-MIAMI BEACH FL 33180 AVENTURA FL 33180 AVENTURA F				DO NOT WRITE IN THIS SPACE				l	
`					3. Date Incorporated or Qualifed				ŀ
ļ		1			08/31/1992			A C	ĺ
2. Principa	al Place of Business	2a. Mailing Address	-		4. FEI Number			Applied For	ĺ
21		26			65-03893 <u>41</u>			Not Applicable	ĺ
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional Required	ĺ
22	27								i
City & S	State	City & State			6. Election Campaign Financing			May Be	ĺ
23		28			Trust Fund Contribution			d to Fees	i
Zip	Country	Zip Country			8. This corporation owes the current year Intangible				ĺ
24	25	29 30			Personal Property Tax.				1
	9. Name and Address of Current	Registered Agent	 		10. Name and Address of New R	egisterea A	gent		
i in	MOLV CLADVE I	-	81 N	lame					
	VINOLY, GLADYS L.			treet Addres	ss (P.O. Box Number is Not Acceptal	ole)			
19355 NE 36TH CT., #7-E									
N .	MIAMI BEACH FL 33180 VENTURA FL.33	150	83						1
$\mid A$	VENTURA FL. 33	180	84 C	City			85 Zij	p Code	1
i		•		-		FL	1 .	•	
11, Pursua	ant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	bove-na	amed corpor	ation submits this statement for the	ourpose of c	hanging i	its registered	١
l office o	or registered agent, or both, in the State of lam familiar with, and accept the obligation	Florida. Such change was authorized	a by the	corporation	s board of directors. I hereby accept	the appoint	ment as	registered	۱.,
li	· -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
SIGNATUI	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Registered	d Agent sig	nature required w	when reinstating)	DATE			ĺ
12.	OFFICERS AND	DIRECTORS 13.			ADDITIONS/CHANGES TO OFF	ICERS AND			. 9
TITLE	D	☐ DELETE 1.11	MLE				☐ Change	e	3
NAME	VINOLY, BRAULIO J.	1.2 N	AME						3
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NAME !		3.2 N	IAME						ł
l	500	i i	TREET ADO	DRESS					
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1 :			NAME						
NAME			TREET ADI	DOEGG					1
STREET ADDR	ESS								
CITY-ST-ZIP.			TY-ST-ZIF				☐ Chang	e Addition	1
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NAME			TREET ADD	npree					1
STREET ADDR	ESS	1		ł					
CITY-ST-ZIP.			CITY-ST-ZIF	-			Chang	e Addition	1
TITLE ;							C) Charly	⊳ ∐ Addition	1
NAME			IAME						1
STREET ADDRI	ESS	6.3 \$	TREET ADD	DRESS					1

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 changes for on an attackment with an address, with a other like empowered.

SIGNATURE: