


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 704408 (4)**  
 1. Corporation Name  
**THE BERTHA ABESS CHILDREN'S CENTER, INC.**



Principal Place of Business 10800 BISCAYNE BLVD SUITE 200 MIAMI FL 33161 US	Mailing Address 10800 BISCAYNE BLVD SUITE 200 MIAMI FL 33161 US
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3. Date Incorporated or Qualified <b>08/13/1962</b>		
4. FEI Number <b>59-0976373</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		

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

**9. Name and Address of Current Registered Agent**

**MOORE, GERALD**  
 10800 BISCAYNE BLVD  
 SUITE 200  
 N MIAMI FL 33161

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUEVAS, GILBERTO	
STREET ADDRESS	10800 BISCAYNE BLVD #200	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, ROBERT DR	
STREET ADDRESS	10800 BISCAYNE BLVD #200	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOORE, GERALD	
STREET ADDRESS	10800 BICAYNE BLVD #200	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAEGER, CAROLYN J.	
STREET ADDRESS	10800 BISCAYNE BLVD #200	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUDWIG, SIDNEY MRS.	
STREET ADDRESS	10800 BISCAYNE BLVD #200	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **1/7/98** **(3.5) 893-7400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)