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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 722295

1. Corporation Name

COMMUNITY HABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
11450 SW 79TH ST. MIAMI FL 33173	11450 SW 79TH ST. MIAMI FL 33173

3. Date Incorporated or Qualified: 12/20/1971
3a. Date of Last Report:

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

4. FEI Number: 23-7171039 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DICKSON, EILEEN
8201 SW 142 AVENUE
MIAMI FL 33183

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		☐ DELETE
TITLE	CTR	
NAME	MODER, JOSEPH	
STREET ADDRESS	7801 SW 133 TERR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VCTR	☐ DELETE
NAME	MASRI, SAM	
STREET ADDRESS	11325 SW 97 AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCTR	☐ DELETE
NAME	KYLE, DIANE	
STREET ADDRESS	6515 SW 99 AVE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	☐ DELETE
NAME	GALLIAN, BARBARA	
STREET ADDRESS	9615 HATIAN DRIVE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	TD	☐ DELETE
NAME	MAZZARELLA, JOHN	
STREET ADDRESS	1900 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33132	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
1.1 TITLE	D	
1.2 NAME	MCCLAIN, PAUL	
1.3 STREET ADDRESS	5505 EAST 6TH AVE	
1.4 CITY-ST-ZIP	HEALEAH FL 33013	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	PASCHAL, CARL	
2.3 STREET ADDRESS	20223 SW 103 AVENUE	
2.4 CITY-ST-ZIP	MIAMI FL 33189	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	100002222141	
3.3 STREET ADDRESS	-06/25/97--01004--004	
3.4 CITY-ST-ZIP	***70.00	
4.1 TITLE	D	☐ Change ☐ Addition
4.2 NAME	TRACY, EDITH	
4.3 STREET ADDRESS	14121 SW 64TH TERRACE	
4.4 CITY-ST-ZIP	MIAMI FL 33183	
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	WEIDMAN, ALICE	
5.3 STREET ADDRESS	8941 SW 160 STREET	
5.4 CITY-ST-ZIP	MIAMI FL 33157	
6.1 TITLE	D	☐ Change ☐ Addition
6.2 NAME	VAZQUEZ, ROSARIO	
6.3 STREET ADDRESS	15106 SW 140 COURT	
6.4 CITY-ST-ZIP	MIAMI FL 33186	

6/24/97

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Barbara Gallian Secretary 6/18/97 305 279-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A. BARBARA GALLIAN SECRETARY