FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 8-3-95 B-8010-C

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

FILED
95 AUG -3 PM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # 725729 (8)

1. Corporation Name
THE HAVEN CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11300 S.W. 80TH TERRACE MIAMI, FLORIDA 33173	11300 S.W. 80TH TERRACE MIAMI, FLORIDA 33173

3. Date Incorporated or Qualified: 03/06/1973
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-0668484 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KING, NOEL M.
11300 S.W. 80TH TERRACE
MIAMI FL 33173

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 Noel M. King 7-25-95
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	11 TITLE	PD	☒ Change ☐ Addition
NAME	STEINBERG, EDWARD	12 NAME	BLAKE, STANFORD	
STREET ADDRESS	1995 NE 142ND STREET	13 STREET ADDRESS	1351 N.W. 12th STREET - ROOM #208	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL. 33125	
TITLE	SD	21 TITLE	SD	☒ Change ☐ Addition
NAME	STANFORD, BLAKE	22 NAME	CAROL FENELLO	
STREET ADDRESS	9200 S DADELAND BLVD #617	23 STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI LAKES, FL. 33016	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	ELLIS, BRUCE	32 NAME		
STREET ADDRESS	20800 SW 167 AVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	SURIS, OSCAR	42 NAME		
STREET ADDRESS	777 BRICKELL AVE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE	VD	☒ Change ☐ Addition
NAME	MCGEE II, WILLIAM F	52 NAME	GARY WILSON	
STREET ADDRESS	1225 SORDLLA AVE	53 STREET ADDRESS	9120 SUNSET DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: STANFORD BLAKE 7/26/95 271-32-32
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0044336