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May 22 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 # 745460 (6)
1. Corporation Name
MIAMI CHAPTER 121 OF THE COUNCIL FOR EXCEPTIONAL CHILDREN, INC.



Principal Place of Business: 5296 SW 91ST AVE, MIAMI FL 33165, US
Mailing Address: 5296 SW 91ST AVE, MIAMI FL 33165-6647, US

3. Date Incorporated or Qualified: 12/29/1978
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 7245 SW 138 AV, 22 Miami, FL, 23 33183, 24 US
2a. Mailing Address: 26 7245 SW 138 AV, 27 Miami, FL, 28 33183, 29 US, 30 US

4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: HOLTZMAN, SYLVAN, 1500 SAN REMO AVENUE, SUITE 200, CORAL GABLES FL 33146

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD CRUSE-SANCHEZ, JANICE	1.1 TITLE	PPD DeCario, Deanna
NAME	5296 SW 91ST AVE	1.2 NAME	7245 SW 138 AV
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	Miami, FL 33183
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD DECARIO, DEANNA	2.1 TITLE	PD Perez, Miguel
NAME	7245 SW 138 AVE	2.2 NAME	605 SW 64 AV
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	Miami, FL 33144
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PED PEREZ, MIGUEL	3.1 TITLE	PED Buria, Theresa
NAME	605 SW 64 AVE	3.2 NAME	13432 SW 83 AV
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	Miami, FL 33156
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPT PEREZ, MIGUEL	4.1 TITLE	VPT Wild, Estelle
NAME	605 SW 64TH AVE	4.2 NAME	8600 SW 120 ST
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	Miami, FL 33156
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST MONDELUS, QUEEN	5.1 TITLE	ST Mondelus, Queen
NAME	8850 SW 10 ST	5.2 NAME	8850 SW 10 ST
STREET ADDRESS	PEMBROKE PINES FL	5.3 STREET ADDRESS	Pembroke Pines, FL
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TT AVILLAR, AL	6.1 TITLE	TT Warner, Wes
NAME	8421 SW 181 ST	6.2 NAME	12051 SW 113 AV
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	Miami, FL 33176
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Deanna A. DeCario 04/04/97 388-3392 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031930

CR2E037 (9/96)