

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 745460 (6)**

1. Corporation Name  
**MIAMI CHAPTER 121 OF THE COUNCIL FOR EXCEPTIONAL CHILDREN, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>7245 S.W. 138 AVE<br/>MIAMI FL 33183<br/>US</b> | Mailing Address<br><b>7245 S.W. 138 AVE.<br/>MIAMI FL 33183<br/>US</b> |
|---|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>12051 SW 113 Ave</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>12051 SW 113 Ave</b><br>Suite, Apt. #, etc. |
| 22 City & State<br>23 <b>MIAMI, FL</b>  | 27 City & State<br>28 <b>MIAMI, FL</b>                                   |
| 24 Zip <b>33176</b> 25 Country <b>DADE</b>  | 29 Zip <b>33176</b> 30 Country <b>DADE</b>                               |

3. Date Incorporated or Qualified  
**12/29/1978**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Yes  No

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 (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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | PPD<br>DECARIO, DEANNA<br>7245 S.W. 138 AVE.<br>MIAMI FL    | <input checked="" type="checkbox"/> DELETE            | 1.1 TITLE<br>PPD<br>PEREZ, MIGUEL<br>605 SW 64 AVE<br>MIAMI, FL   |
| NAME                       | PD<br>PEREZ, MIGUEL<br>605 S.W. 64 AVE<br>MIAMI FL          | <input type="checkbox"/> DELETE                       | 1.2 NAME  |
| STREET ADDRESS             |   |   | 1.3 STREET ADDRESS  |
| CITY-ST-ZIP                |   |   | 1.4 CITY-ST-ZIP   |
| TITLE                      | PD<br>BURIA, THERESA<br>13432 S.W. 83 AVE.<br>MIAMI FL      | <input type="checkbox"/> DELETE                       | 2.1 TITLE<br>PD<br>BURIA, THERESA<br>13432 SW 83 AVE<br>MIAMI, FL |
| NAME                       |   |   | 2.2 NAME  |
| STREET ADDRESS             |   |   | 2.3 STREET ADDRESS  |
| CITY-ST-ZIP                |   |   | 2.4 CITY-ST-ZIP   |
| TITLE                      | VPT<br>WILD, ESTELLE<br>8800 S.W. 120 ST<br>MIAMI FL        | <input type="checkbox"/> DELETE                       | 3.1 TITLE   |
| NAME                       |   |   | 3.2 NAME  |
| STREET ADDRESS             |   |   | 3.3 STREET ADDRESS  |
| CITY-ST-ZIP                |   |   | 3.4 CITY-ST-ZIP   |
| TITLE                      | ST<br>MONDELUS, QUEEN<br>8850 SW 10 ST<br>PEMBROKE PINES FL | <input type="checkbox"/> DELETE                       | 4.1 TITLE   |
| NAME                       |   |   | 4.2 NAME  |
| STREET ADDRESS             |   |   | 4.3 STREET ADDRESS  |
| CITY-ST-ZIP                |   |   | 4.4 CITY-ST-ZIP   |
| TITLE                      | TT<br>WARNER, WES<br>12051 S.W. 113 AVE.<br>MIAMI FL        | <input type="checkbox"/> DELETE                       | 5.1 TITLE   |
| NAME                       |   |   | 5.2 NAME  |
| STREET ADDRESS             |   |   | 5.3 STREET ADDRESS  |
| CITY-ST-ZIP                |   |   | 5.4 CITY-ST-ZIP   |
| TITLE                      |   |   | 6.1 TITLE   |
| NAME                       |   |   | 6.2 NAME  |
| STREET ADDRESS             |   |   | 6.3 STREET ADDRESS  |
| CITY-ST-ZIP                |   |   | 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)(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 only in attachment with an address.

SIGNATURE: *Wesley E. Warner* **Wesley E. WARNER** 2/7/98 (305) 681-7481

CFR2E037 (10/97)