


FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90229 041 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745460

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

Principal Place of Business
 12051 SW 113 AVE
 MIAMI FL 33176
 US

Mailing Address
 12051 SW 113 AVE
 MIAMI FL 33176
 US



* 2 272242-90f08-25

2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 12/29/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLTZMAN, SYLVAN 1500 SAN REMO AVENUE SUITE 200 CORAL GABLES FL 33146	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 reissuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	PEREZ, MIGUEL 605 S.W. 64 AVE MIAMI FL	1.1 TITLE PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME PEEZ, MIGUEL	
STREET ADDRESS		1.3 STREET ADDRESS 605 SW 64 AVE	
CITY-ST-ZIP		1.4 CITY-ST-ZIP MIAMI, FL	
TITLE PED	BURIA, THERESA 13432 S.W. 83 AVE. MIAMI FL	2.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME THERESA BURIA	
STREET ADDRESS		2.3 STREET ADDRESS 13432 SW 83 AVE.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIAMI, FL 33156	
TITLE VPT	WILD, ESTELLE 8600 S.W. 120 ST MIAMI FL	3.1 TITLE PRESIDENT-ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME ESTELLE WILD	
STREET ADDRESS		3.3 STREET ADDRESS 8600 SW 120 ST.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIAMI, FL 33156	
TITLE ST	MONDELUS, QUEEN 8850 SW 10 ST PEMBROKE PINES FL	4.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME FLO TABOR-BROWN	
STREET ADDRESS		4.3 STREET ADDRESS 1620 NW 105 STREET	
CITY-ST-ZIP		4.4 CITY-ST-ZIP PEMBROKE PINES, FL 33006	
TITLE TT	WARNER, WES 12051 S.W. 113 AVE. MIAMI FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME ALBERTO FERNANDEZ	
STREET ADDRESS		6.3 STREET ADDRESS 7901 SW 132 AVE.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP MIAMI, FL 33183	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wesley Warner **REQUIRED** 1/17/99 305 681-7487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)