

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **M76496** (2)

1. Corporation Name

ASSERTIVE SUPPORT GROUPS INTERNATIONAL TRAINING CENTER INC.



Principal Place of Business

Mailing Address

1000 PONCE DE LEON BLVD.
 SUITE #201-B
 CORAL GABLES FL 33134

1000 PONCE DE LEON BLVD.
 SUITE #201-B
 CORAL GABLES FL 33134

3. Date Incorporated or Qualified
04/13/1988

3a. Date of Last Report
10/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **2500 HOLLYWOOD BLVD.**

26 **2500 HOLLYWOOD BLVD**

4. FEI Number

65-0043020

Applied For

Not Applicable

22 Suite, Apt. #, etc

403

27 Suite, Apt. #, etc.

403

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

HOLLYWOOD FL

28 City & State

HOLLYWOOD FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

33020

Country

USA

29 Zip

33020

Country

USA

8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OCAMPO, NOEL
1000 PONCE DE LEON BLVD., SUITE 201B
CORAL GABLES FL 33134

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

Signature Type: 13 (Registered Agent Signature Required when First Filing)

(Print Registered Agent Signature Required when First Filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	OCAMPO, NOEL	
STREET ADDRESS	1000 PONCE DE LEON #201B	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OCAMPO, OLGA	
STREET ADDRESS	1000 PONCE DE LEON #201B	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OCAMPO, NOEL
1.3 STREET ADDRESS	2500 HOLLYWOOD BLVD # 403
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OCAMPO, OLGA
2.3 STREET ADDRESS	2500 HOLLYWOOD BLVD # 403
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: **Noel Ocampo - NOEL OCAMPO 8-6-96 (959) 929-9422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name

CR2E034 (3/96)