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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M76496 (2)

1. Corporation Name
ASSERTIVE SUPPORT GROUPS INTERNATIONAL TRAINING CENTER INC.



Principal Place of Business: 2500 HOLLYWOOD BLVD STE 403 HOLLYWOOD FL 33020 US
Mailing Address: 2500 HOLLYWOOD BLVD SUITE 403 HOLLYWOOD FL 33020-8615 US

3. Date Incorporated or Qualified: 04/13/1988
3a. Date of Last Report: 08/12/1996

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0043020	Not Applicable
22	22. City & State	27	27. City & State	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23. Zip	28	28. Zip	6	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	24. Zip	29	29. Zip	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OCAMPO, NOEL
~~2500 PONCE DE LEON BLVD, SUITE 2018~~
~~CORAL GABLES FL 33134~~

2500 Hollywood Blvd Suite 403
Hollywood, FL 33020 US

81	81. Name	85	85. Zip Code
82	82. Street Address (P.O. Box Number is Not Acceptable)	FL	
83	83. City		

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OCAMPIO, NOEL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCAMPIO, NOEL	1.2 NAME	
STREET ADDRESS	2500 HOLLYWOOD BLVD #403	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D OCAMPIO, OLGA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCAMPIO, OLGA	2.2 NAME	
STREET ADDRESS	2500 HOLLYWOOD BLVD #403	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 607, 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 4/26/97; 929-9422 (954)

CR2E034 (9/96)