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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N18786

1. Corporation Name
HANDICAPPED OF AMERICA, INC.

5 1 2 6 3 6
512636 - 90007 - 4

Principal Place of Business Mailing Address
1158 S.W. FRIST STREET 1158 S.W. FRIST STREET
MIAMI FL 33130 MIAMI FL 33130



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 01/15/1987
22 City & State 27 City & State 4. FEI Number Applied For
23 Zip Country 28 Zip Country 65-0018998 Not Applicable
24 25 29 30 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
QUIRANTES, ARMANDO 81 Name
1158 S.W. FIRST STREET 82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33130 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETED 1.1 TITLE Change Addition
NAME QUIRANTES, ARMANDO 1.2 NAME
STREET ADDRESS 3801 S.W. 126TH AVENUE, CB211 1.3 STREET ADDRESS
CITY-ST-ZIP MIRAMAR FL 33027 1.4 CITY-ST-ZIP
TITLE VD DELETED 2.1 TITLE Change Addition
NAME MALAVENDA, PAUL 2.2 NAME
STREET ADDRESS 1925 BRICKELL AVENUE, AP. D703 2.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP
TITLE SD DELETED 3.1 TITLE Change Addition
NAME LEYVA, LOURDES 3.2 NAME
STREET ADDRESS 3801 S.W. 126TH AVENUE, CB211 3.3 STREET ADDRESS
CITY-ST-ZIP MIRAMAR FL 33027 3.4 CITY-ST-ZIP
TITLE TD DELETED 4.1 TITLE Change Addition
NAME APRAEZ, JOSE A 4.2 NAME
STREET ADDRESS 9081 S.W. 138 PLACE 4.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33186 4.4 CITY-ST-ZIP
TITLE DELETED 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETED 6.1 TITLE Change Addition
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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/30/99 Date Daytime Phone #

CR2E037 (11/98)