

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 MAY 31 AM 8:00

DOCUMENT # N26546 (4)

1. Corporation Name
PARENT TO PARENT OF MIAMI, INC.

Principal Place of Business	Mailing Address
C/O FDLRS/ SOUTH 5555 SW 90RD AVE MIAMI FL 33165 US	C/O FDLRS/SOUTH 5555 SW 90RD AVE MIAMI FL 33165 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/23/1988	3a. Date of Last Report 05/09/1994
4. FEI Number 65-0022052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country

9. Name and Address of Current Registered Agent

**KATHERINE G. FELDMAN
3575 MATHESON AVE.
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

B1 Name Isabel C. Garcia
B2 Street Address (P.O. Box Number is Not Acceptable) 4530 SW 149th Court
B3
B4 City Miami
B5 Zip Code FL 33185

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: Isabel C. Garcia, President DATE: 5/23/95

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GARCIA, ISABEL 4530 SW 149 CT MIAMI FL	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	DP Garcia, Isabel C. 4530 Sw 149 Ct Miami, Fl 33185 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GONZALEZ, JACKIE 12350 SW 106 ST MIAMI FL	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	D Gonzalez, Jackie 12350 SW106 St Miami, Fl 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ESCALLON, ENRIQUE 4371 SW 150 CT MIAMI FL	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LALINDE, PAULA 12310 SW 92ND TERRACE MIAMI FL	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SEQUENZIA, VENERANDO 19732 NE 12TH PLACE N.MIAMI BEACH FL	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	D Sequenzia, Venerando 19732 NE 12th Pl N.Miami Beach, Fl 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TURNER, KATHY 8405 NW 8TH ST #107 MIAMI FL	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	DS Bell Taylor, Janet 14542 SW 142 Pl Miami, Fl 33196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Isabel C. Garcia Isabel C. Garcia DATE: 5/23/95 PHONE: 305-271-9797

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)