

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N26546** (4)

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



Principal Place of Business: C/O FOLRS/ SOUTH, 5555 SW 93RD AVE, MIAMI FL 33165, US
Mailing Address: C/O FOLRS/SOUTH, 5555 SW 93RD AVE, MIAMI FL 33165, US

3. Date Incorporated or Qualified: **05/23/1988**
3a. Date of Last Report: **05/31/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.
4. FEI Number: **65-0022052**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **GARCIA, ISABEL C, 4530 SW 149TH COURT, MIAMI FL 33185**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: *Isabel C. Garcia*, President, *Isabel C. Garcia* 2/7/96
DATE: 2/7/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ISABEL C	1.2 NAME	
STREET ADDRESS	4530 SW 149 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JACKIE	2.2 NAME	
STREET ADDRESS	12350 SW 106 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCALLON, ENRIQUE	3.2 NAME	
STREET ADDRESS	4371 SW 150 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALINDE, PAULA	4.2 NAME	
STREET ADDRESS	12310 SW 92ND TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEQUENZIA, VENERANDO	5.2 NAME	
STREET ADDRESS	19732 NE 12TH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N.MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL-TAYLOR, JANET	6.2 NAME	
STREET ADDRESS	14542 SW 142 PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: *Isabel C. Garcia*, President, 2/7/96, 305-594-4466, 305-225-9645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date, Daytime Phone #

CR2E037 (12/95)