## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 31 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N26546

(4)

PARENT TO PARENT OF MIAMI, INC.

Principal Place of Business Mailing Address					(
		C/O FDLRS/SOUTH 5555 SW 93RD AVE			
MIAMI FL 33165 MIAMI FL 33165-6548			2. Data incorporated as Qualified	Les Data of Leat Booost	
US		U\$		3. Date Incorporated or Qualified 05/23/1988	3a. Date of Last Report 02/16/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0022052	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	T	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for Ir	
24	25] 9. Name and Address of Current	29 Begintered Agent	[30]	Florida Statutes  10. Name and Address of New Reg	Yes No
	S. Harrie and Address of Guitett	negistered Agent	81 Name	IV. Hame and Address of New Me	hereien Agent
CARCIA	IOADEL O				
GARCIA, ISABEL C			62 Street /	Address (P.O. Box Number is Not Acceptable	е)
4530 SW 149TH COURT MIAMI FL 33185			83		
MIMMIT	. 33163				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	utes, the above-named	corporation submits this statement for the poporation's board of directors. I hereby accep	urpose of changing its registered
agent. La	m tanjiliar with, and accept the obligati	ions of, Section 617.0503, F	Florida Statutes.	oration's board or directors, I hereby accept	t the appointment as registered
SIGNATURE,	Isakel ( Sa	- grand	Isabel C.	Garcia, President	1/20/97
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	<del></del>
TITLE	DP	☐ DETEST	1.1 TITLE		Change Addition
NAME STREET ADDRESS	GARCIA, ISABEL C 4530 SW 149 CT		1.2 NAME		
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS		
TITLE	T	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	GONZALEZ, JACKIE	<b></b>	2.2 NAME	Secretary	- Control Control
STREET ADDRESS	12350 SW 106 ST		2.3 STREET ADDRESS		
City-St-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	ð	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LALINDE, PAULA		3.2 NAME		
STREET ADDRESS	12310 SW 92ND TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	SEQUENZIA, VENERANDO		4. 2 NAME		
STREET ADDRESS	19732 NE 12TH PLACE		4.3 STREET ADDRESS		
CITY - ST - ZIP	N.MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	DS	DELETE	5.1 TITLE	Vice-President	Change Addition
NAME	BELL-TAYLOR, JANET		5.2 NAME		
STREET ADDRESS	14542 SW 142 PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	<b>□ &amp; p</b> , <u>ii.i.i.</u>	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL€	Treasurer	☐ Change ☐ Addition
NAME			6.2 NAME	Susy Vera-Morales	
STREET ADDRESS			6.3 STREET ADDRESS	2730 SW 64th Ave	
CITY-ST-ZIP	our certify that the information avealed	with this filips does not a	6.4 CITY-ST-ZIP	nated in Section 1 19 0/(3) Piorida Statutes	55ethar andiffuthar tha
informatio	n indicated on this annual report or su	pplemental 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					

SIGNATURE: Jeals Companies of Printed Name of Signing Officer of Director

appears in Block 12 or Block 13 if changed, or on an attachment with an address