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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 FDLRS/ SOUTH, 5555 SW 93RD AVE, MIAMI FL 33165, US

Mailing Address: C/O FDLRS/SOUTH, 5555 SW 93RD AVE, MIAMI FL 33165, US

3. Date Incorporated or Qualified: 05/23/1988

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields for Suite, Apt #, City & State, Zip, and Country.

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 (81-84) fields for Name, Street Address, City, and Zip Code (FL).

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, Executive Director* DATE: 2/12/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP	NAME: GARCIA, ISABEL C	1.1 TITLE: Executive Director
STREET ADDRESS: 4530 SW 149 CT	CITY-ST-ZIP: MIAMI FL	1.2 NAME: [blank]
		1.3 STREET ADDRESS: [blank]
		1.4 CITY-ST-ZIP: [blank]
TITLE: S	NAME: GONZALEZ, JACKIE	2.1 TITLE: Secretary
STREET ADDRESS: 12350 SW 106 ST	CITY-ST-ZIP: MIAMI FL	2.2 NAME: Cristina Casero
		2.3 STREET ADDRESS: 6220 SW 112th Place
		2.4 CITY-ST-ZIP: Miami, FL 33143
TITLE: D	NAME: LALINDE, PAULA	3.1 TITLE: Treasurer
STREET ADDRESS: 12310 SW 92ND TERRACE	CITY-ST-ZIP: MIAMI FL	3.2 NAME: Bessie Cardella
		3.3 STREET ADDRESS: 4000 SW 95th Ct
		3.4 CITY-ST-ZIP: Miami, FL 33143
TITLE: D	NAME: SEQUENZIA, VENERANDO	4.1 TITLE: [blank]
STREET ADDRESS: 19732 NE 12TH PLACE	CITY-ST-ZIP: N.MIAMI BEACH FL	4.2 NAME: [blank]
		4.3 STREET ADDRESS: [blank]
		4.4 CITY-ST-ZIP: [blank]
TITLE: VP	NAME: BELL-TAYLOR, JANET	5.1 TITLE: President
STREET ADDRESS: 14542 SW 142 PL	CITY-ST-ZIP: MIAMI FL	5.2 NAME: [blank]
		5.3 STREET ADDRESS: [blank]
		5.4 CITY-ST-ZIP: [blank]
TITLE: T	NAME: VERA-MORALES, SUSY	6.1 TITLE: [blank]
STREET ADDRESS: 2730 SW 64TH AVE	CITY-ST-ZIP: MIAMI FL	6.2 NAME: [blank]
		6.3 STREET ADDRESS: [blank]
		6.4 CITY-ST-ZIP: [blank]

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.

SIGNATURE: *Isabel C Garcia, Ex. Director* DATE: 2/12/98 DAYTIME PHONE: 305-271-9797

CR2E037 (10/97)