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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N26546

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 <i>- Change -</i>
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2. Principal Place of Business 21 9040 Sunset Dr. Suite, Apt. #, etc. 22 G. City & State 23 Miami, Florida Zip 24 33173	2a. Mailing Address 26 9040 Sunset Dr. Ste. G Suite, Apt. #, etc. 27 City & State 28 Zip 29 Dade Country 30	3. Date Incorporated or Qualified 05/23/1988 4. FEI Number 65-0022052 Applied For 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
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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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ED	<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 S	<input type="checkbox"/> DELETE	2.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASERO, CRISTINA		2.2 NAME Miriam Santiago	
STREET ADDRESS 6220 S.W. 112TH PLACE		2.3 STREET ADDRESS 15815 SW 88th Court	
CITY-ST-ZIP MIAMI FL 33143		2.4 CITY-ST-ZIP Miami, FL 33157	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARELLA, BESSIE		3.2 NAME Tracy Chavez	
STREET ADDRESS 7000 S.W. 95 CT		3.3 STREET ADDRESS 29735 SW 152 Court	
CITY-ST-ZIP MIAMI FL 33173		3.4 CITY-ST-ZIP Miami, Florida 33033	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 P	<input type="checkbox"/> DELETE	5.1 TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELL-TAYLOR, JANET		5.2 NAME Bessie Cardella	
STREET ADDRESS 14542 SW 142 PL		5.3 STREET ADDRESS 7000 SW 95 Court	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP Miami, Florida 33173	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** 3/12/99 305-271-9797

CR2E037 (11/98)