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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000063

1. Corporation Name
AMIGOS TOGETHER FOR KIDS, INC.

Principal Place of Business 10621 NORTH KENDALL DRIVE STE #202 MIAMI FL 33173 US	Mailing Address 10621 NORTHKENDALL DR STE #202 MIAMI FL 33173 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/02/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0361629 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROUCO, JORGE L
6250 SW 98TH ST
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	ROUCO, JORGE L	
STREET ADDRESS	6250 SW 98 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, DANIA M	
STREET ADDRESS	1550 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUESTA, ERNESTO	
STREET ADDRESS	1550 BRICKELL AVE STE 109A	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rouco, Jorge L.	
1.3 STREET ADDRESS	6250 SW 98th Street	
1.4 CITY-ST-ZIP	Miami, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cuesta, Ernesto	
3.3 STREET ADDRESS	1550 Brickell Ave Suite 109-A	
3.4 CITY-ST-ZIP	Miami, FL 33139	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Eduardo Vital	
4.3 STREET ADDRESS	3600 NW 22nd Ave	
4.4 CITY-ST-ZIP	Miami, FL	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Arlene Carrajal	
5.3 STREET ADDRESS	9340 SW 100st	
5.4 CITY-ST-ZIP	Miami, FL	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Suzel Echevarria	
6.3 STREET ADDRESS	12660 SW 38 Terrace	
6.4 CITY-ST-ZIP	Miami, FL 33175	

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: Dania M. Rodriguez **SIGNATURE REQUIRED** Dania M. Rodriguez 2/1/99 (305) 460-5286
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)