SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Aug 03, 1999 8:00 am
Secretary of State
08-03-1999 90006 037 ****70.00

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DOCUMENT # N95000004564

1. Corporation Name
CRAWFORD CENTER, INC.

Principal Place of Business	Mailing Address
2017 NE 25TH ST WILTON MANNORS FL 33305 US	3191 CORAL WAY 3RD FLOOR MIAMI FL 33145 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 6289 W. Sunrise Blvd.	26 6289 W. Sunrise Blvd	09/25/1995
Suite, Apt. #, etc. 22 Suite 122	Suite, Apt. #, etc. 27 Suite 122	4. FEI Number 65-0610247 ☐ Applied For ☐ Not Applicable
City & State 23 Sunrise, Florida	City & State 28 Sunrise Florida	5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 33313 25 U.S.A.	Zip / Country 29 33313 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MENENDEZ, MANUEL 3191 CORAL WAY 3RD FLOOR MIAMI FL 33145	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MENENDEZ, MANUEL		1.2 NAME		
STREET ADDRESS	8780 SW 122ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAMBO, PATRICIA		2.2 NAME		
STREET ADDRESS	3045 ALHAMBRA CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HRNANADEZ, LYNN		3.2 NAME		
STREET ADDRESS	601 N FLAMINGO RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33028		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SUAREZ, CARLOS MD		4.2 NAME		
STREET ADDRESS	724 ALHAMBRA CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MENENDEZ, CORA		5.2 NAME		
STREET ADDRESS	175 SW 24TH RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEISS, DEENA LCSW		6.2 NAME		
STREET ADDRESS	20460 NE 34TH CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		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 REQUIRED 7/26/99 954-587-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)