FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 15 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000009097

1. Corporation Name
ALLAPATTAH COMUNITY MENTAL HEALTH CENTER, INC

Principal Place of Business
1644 N.W. 17th Av
MIAMI, FL 33150

Mailing Address

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
LUISA CABALLERO
1644 N.W. 17th Av.
MIAMI, FLA 33150

10. Name and Address of New Registered Agent
81 Name MARIELA M. FRASER
82 Street Address (P.O. Box Number is Not Acceptable) 2446 B RYAN PLACE
83
84 City TALLAHASSEE FL 85 Zip Code 32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Mariela M. Fraser 12-15-97
Signature, typed or printed name of registered agent and date of filing (Date)
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P/D	DELETE
NAME	CABALLERO, LUISA	
STREET ADDRESS	1644 N. W. 17th AVE	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	Change [ ] Addition [X]
12 NAME	CARLOS JARRO	
13 STREET ADDRESS	1642 N.W. 17th Av	
14 CITY-ST-ZIP	MIAMI, FL 33150	
21 TITLE	S	Change [ ] Addition [X]
22 NAME	MARIELA M. FRASER	
23 STREET ADDRESS	2446 B RYAN PLACE	
24 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
31 TITLE		Change [ ] Addition [ ]
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		Change [ ] Addition [ ]
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		Change [ ] Addition [ ]
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		Change [ ] Addition [ ]
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mariela M Fraser Dec 15 97
Date

CR2E034 (9/95)