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Sep 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000103501 (7)**

1. Corporation Name
SOUTH FLORIDA COUNSELING CENTER, INC.

Principal Place of Business	Mailing Address
19 WEST FLAGLER ST SUITE 416 MIAMI FL 33130	19 WEST FLAGLER ST SUITE 416 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1405 SW 107 Ave	2a. Mailing Address 26 1406 SW 107 Ave
Suite, Apt. #, etc. 22 301P	Suite, Apt. #, etc. 27 301P
City & State 23 miami FLORIDA	City & State 28 miami FLORIDA
Zip 24 33174 Country 25	Zip 29 33174 Country 30

3. Date Incorporated or Qualified
12/09/1997

4. FEI Number
65-0799321 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAAVEDRA, NANCY 19 WEST FLAGLER ST SUITE 416 MIAMI FL 33130	81 Name: BEN METSCH 82 Street Address (P.O. Box Number is Not Acceptable): 1385 N.W. 15 ST 83 84 City: MIAMI FL 85 Zip Code: 33125

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 [signature] 7/24/98
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☑ DELETE	1.1 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME	METSCH, BEN	1.2 NAME	NAHUM MUÑOZ
STREET ADDRESS	19 WEST FLAGLER ST	1.3 STREET ADDRESS	5150 CANAL DRIVE
CITY-ST-ZIP	MIAMI FL 33130	1.4 CITY-ST-ZIP	LAKE WORTH, FLORIDA 33463
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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

[signature]

CR2E034 (10/97)