FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **756509** **(6)**

1. Corporation Name

SOUTHWEST SOCIAL SERVICES PROGRAMS, INC.

Principal Place of Business	Mailing Address
25 TAMIAMI BLVD. MIAMI FL 33144	25 TAMIAMI BLVD. MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2102294 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

PENEDO, MARIA C.
25 TAMIAMI BLVD
MIAMI FL 33144

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

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: Maria C. Penedo MARIA C. PENEDO 4/26/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when name changed) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	PLANAS, CARLOS	12 NAME		
STREET ADDRESS	170 OCEAN LANE DR.	13 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	CAMPOS, JOSEFINA B.	22 NAME		
STREET ADDRESS	114 VENETIAN CAUSEWAY	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 0	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE		☐ Change ☐ Addition
NAME	DE MENDOZA, VICTOR LOPEZ	32 NAME		
STREET ADDRESS	1801 SW 1 STREET	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GOMEZ, EMELINA	42 NAME		
STREET ADDRESS	5914 SW 146 COURT	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 0	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	AGRAMONTE, MARIA M.	52 NAME		
STREET ADDRESS	8771 SW 54 STREET	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE		☑ Change ☐ Addition
NAME	MASVIDAL, SERGIO	62 NAME		
STREET ADDRESS	177 OCEAN LANE DR.	63 STREET ADDRESS	8000 S.W. 68 Street	
CITY-ST-ZIP	KEY BISCAYNE FL	64 CITY-ST-ZIP	Miami, Fla 331	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Maria M. Agramonte MARIA M. AGRAMONTE (305) 266-5442
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Title — Daytime Phone #

4/26/95

0043970