

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 15, 1996 08:00 AM
Secretary of State

DOCUMENT # 744441 (7)
1. Corporation Name

NORTHWEST DADE CENTER, INC.

Principal Place of Business Mailing Address
4175 W. 20th AVENUE 4175 W. 20th AVENUE
HIALEAH, FLORIDA 33012 HIALEAH, FLORIDA 33012

3. Date Incorporated or Qualified **10/02/1978** 3a. Date of Last Report **2/15/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1865751	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JARDON, MARIO E.
4175 W. 20th AVENUE
HIALEAH, FLORIDA 33012

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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	S/D ROCA, MARIA
STREET ADDRESS		13 STREET ADDRESS	4175 W. 20th AVENUE
CITY - ST - ZIP		14 CITY - ST - ZIP	HIALEAH, FLORIDA 33012
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	D ESTRADA, RAUL
STREET ADDRESS		23 STREET ADDRESS	4175 W. 20th AVENUE
CITY - ST - ZIP		24 CITY - ST - ZIP	HIALEAH, FLORIDA 33012
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	C/D JOSEPH, JAY
STREET ADDRESS		33 STREET ADDRESS	4185 W. 20th AVENUE
CITY - ST - ZIP		34 CITY - ST - ZIP	HIALEAH, FLORIDA 33012
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	VC/D CORTES-SUAREZ, GEORGINA
STREET ADDRESS		43 STREET ADDRESS	4175 W. 20th AVENUE
CITY - ST - ZIP		44 CITY - ST - ZIP	HIALEAH, FLORIDA 33012
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	300001923923
STREET ADDRESS		63 STREET ADDRESS	-08/16/96--01012--034
CITY - ST - ZIP		64 CITY - ST - ZIP	***70.00

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA ROCA

(305) 825-0300

CR2E037 (3/96)