

FILE NOW: FILING FEE IS \$61.25

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**Mar 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702748 (5)

1. Corporation Name
HEARING AND SPEECH CENTER OF FLORIDA, INC.

Principal Place of Business 2511 POUCE DE LEON BLVD. SUITE 203 CORAL GABLES FL 33134	Mailing Address 2511 POUCE DE LEON BLVD. SUITE 203 CORAL GABLES FL 33134
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3. Date Incorporated or Qualified 08/02/1961	
4. FEI Number 59-0668488	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners' Association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BROOKS, ROY JR., ATTORNEY AT LAW
2625 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES FL 33134**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LIMMER, NICHOLAS W.	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	2665 S BAYSHORE DRIVE SUITE 1002		1.2 NAME
STREET ADDRESS	COCONUT GROVE FL		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	V DAVIS, ERNESTINE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	11704 SW 97 STREET		2.2 NAME
STREET ADDRESS	MIAMI FL		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	S ALVAREZ, MARLENE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	3361 SW 3RD AVE SUITE 102		3.2 NAME
STREET ADDRESS	MIAMI FL		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	TD FERNANDEZ-BARQUIN, JUAN	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	717 PONCE DE LEON BLVD, SUITE 222		4.2 NAME
STREET ADDRESS	CORAL GABLES FL		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	ED POMS, LILLIAN	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	8955 SW 85TH TERR.		5.2 NAME
STREET ADDRESS	MIAMI FL		5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

1.1 TITLE	PD FERNANDEZ-BARQUIN, JUAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	717 PONCE DE LEON BLVD., #222	
1.3 STREET ADDRESS	CORAL GABLES, FL 33134	
1.4 CITY-ST-ZIP		
2.1 TITLE	V SICRE, MANUEL V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	701 BRICKELL AVE #2300	
2.3 STREET ADDRESS	MIAMI, FL 33131	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD MERENDI, SILVANO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	666 NW 79 AVE #525	
4.3 STREET ADDRESS	MIAMI, FL 33126	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *[Signature]* 2/26/98 305-446-5597

CP2E037 (10/97)