, co	FILE NOW: FILE ONPROFIT RPORATION UAL REPORT . 1996	FLORIDA DE Sand Sec	61.25 EPARTMENT OF STATE dra B Mortham Eretary of State OF CORPORATIONS		
1. Corporation	IMENT # 70504 OLIC HOME FOR CHILDRE	(-)			
Principal Place of Business Mailing Address					
18601 SW 97 AVE 9401 BISCAYNE BLVD. MIAMI FL 33157 MIAMI FL 33138-2970 US				2 Data Incorporated as Qualified	
2 Dringing F	Place of Business			3. Date Incorporated or Qualified 01/11/1963	3a. Date of Last Report 05/01/1995
2. Principal P		2a. Mailing Address 26		4. FEI Number 59-0638485	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	Zip 29	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
	9. Name and Address of Curre	ent Registered Agent	30	Florida Statutes  10. Name and Address of New R	Yes No egistered Agent
CORAL  11. Pursuant or registe	ith, and accept the obligations of, Sec	ction 617.0503, Florida Statut	83 84 City utes, the above named corporation of the state	ess (P.O. Box Number is Not Acceptab ation submits this statement for the puri d of directors. Thereby accept the appo	FL 85 Zip Code
12.	Signature, typed or printed name of registered age	nt and title if applicable (	NOTE: Registered Agent signature required 13.		DATE DATE
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
NAME STREET ADDRESS	CODINA, ARMANDO 150 W. FLAGLER STREET		1 2 NAME		
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS 1.4 Crty-St-Zip		2E0
TITLE	PD	DELETE	2 1 TITLE		☐ Change ☐ Addition 등
NAME STREET ADORESS CITY-ST-ZIP	MCCARTHY, EDWARD A. 9401 BISCAYNE BLVD.		2.2 NAME 2.3 STREET ADDRESS		
TITLE	MIAMI FL SD	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		☐ Change ☐ Addition
NAME	WALSH, BRYAN O.		3 2 NAME		
STREET ADDRESS  CITY-ST-ZIP	9401 BISCAYNE BLVD. MIAMI FL		3.3 STREET ADDRESS		
TITLE	LIGHT L	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME EXPERT 1000-00			4 2 NAME		
STREET ADDRESS City-St-Zip			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 C/TY-ST-Z/P 5.1 T/TLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change Addition
NAME			6 2 NAME		Automi
STREET ADDRESS			6 3 STREET ADDRESS		
14. I do hereby	y certify that the information supplied	with this filing is voluntarily fur	6 4 CITY-ST-ZIP nished and does not qualify for	the exemption stated in Section 119.0	7(3)(k) Florida Statutos I furba-
oath; that I	am an officer or director of the corne	oration or the receiver or trust	nodireport is true and accurate	the exemption stated in Section 119.0 and that my signature shall have the s report as required by Chapter 617, Flor	ame legal effect as if made under ida Statutes; and that my name
cath; 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: Msq. Bruan D. Walsh Collaboration of 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: MEAS. Druga D. Walsh SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR  NING STATE OF THE PROPERTY O					