

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **705461** (2)
1. Corporation Name
UNITED CEREBRAL PALSY ASSOCIATION OF MIAMI, INC.

Principal Place of Business Mailing Address
1411 NORTHWEST FOURTEENTH AVENUE MIAMI FL 33125 **1411 NORTHWEST FOURTEENTH AVENUE MIAMI FL 33125**

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

APPROVED AND FILED
95 MAY -1 11 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/09/1959** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-0637822** 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

9. Name and Address of Current Registered Agent
**ANIELLO, JOSEPH A
1411 N.W. 14 AVENUE
MIAMI FL 33125**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHILLINGER, JACK	12 NAME	
STREET ADDRESS	1225 NE 93 STR	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	Miami, FL 33138.
TITLE	SD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANGEL	22 NAME	GERMI, ALI
STREET ADDRESS	25 W. FLAGLER ST	23 STREET ADDRESS	1805 N.W. 97 AVENUE
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	MIAMI, FL 33172
TITLE	VD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUBNOW, VIC	32 NAME	
STREET ADDRESS	1 HERALD PLZ	33 STREET ADDRESS	15495 EAGLE NEST LANE, #120
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	MIAMI LAKES, FL 33014
TITLE	TD	41 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANO, GEORGE C.	42 NAME	SD
STREET ADDRESS	2150 W 68 ST	43 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	44 CITY - ST - ZIP	HIALEAH, FL 33015
TITLE	MD	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANIELLO, JOSEPH A	52 NAME	
STREET ADDRESS	1411 NW 14TH AVE.	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	MIAMI, FL 33125
TITLE	PD	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, BARBARA	62 NAME	
STREET ADDRESS	100 SE 2ND ST #2500	63 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 35	64 CITY - ST - ZIP	MIAMI, FL 33131-2135

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 110.07(3)(b), 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: _____ DATE: **4-22-95**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Joseph A. Aniello, EXEC. DIR.