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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 721210

(3)

ASSOCIATION FOR THE USEFUL AGED, INC.

Principal Place of Business Moving Address Security Securi												
ROOM 409 MAMI FL 33130 US 2. Principal Place of Business 2. Maring Activess Suits, Apr. 4, etc. Suits,	Principal Place of Business Mailing Address									E 188416 10010 11001 11610 11001 111		0.1014 01811 01811 1801
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20	City & State				City & State							
B. Name and Address of Current Registered Agent MAINE, CARMEN 320 S.W. 27 ROAD MIAMI FL 33129 11. Purstant to the provisions of Socions 617,0502 and 617,1508, Florida Statutes, the or registered agent, or both, in the State of Florida Such change was authorized by family and accept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the or registered agent, or both, in the State of Florida Such change was authorized by family and accept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the or registered agent, or both, in the State of Florida Such change was authorized by family and accept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the origination of the origination of the purpose of changing its registered affice origination and originate agent and the florida Statutes, the origination of the purpose of changing its registered affice origination and originate agent and the florida Statutes, the origination of the purpose of changing its registered affice origination and originate agent and the florida Statutes, the origination of the purpose of changing its registered affice origination and originate agent and the florida Statutes, the origination of the purpose of changing its registered affice origination and origination as registered affice origination and origination as registered agent. I am florida statutes, the origination and origination as registered agent. I am florida statutes, the origination and origination as registered affice origination and origination as registered agent. I am florida statutes, the origination and origination as registered affice origination and origination as registered affice origination and origination as registered affice origination and origination and origination as registered affice origination and orig			Country	-			Q uni	ry				
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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	CITY-SI-ZIP	v cortify that	the information	eunnlied with	this filing is volu	ntarily furnish	64 CIT	r-st-zip oes not au	alify for the exe	emotion stated in Section 11	9.07(3)(k), Florida 9	Statutes, I further

14. Too nereby 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 SIGNATURE OF DIRECTOR

3/26/96 305-859-2450

CR2E037 (12/95)