

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 721210 (3)

1. Corporation Name

ASSOCIATION FOR THE USEFUL AGED, INC.



Principal Place of Business	Mailing Address
982 WEST FLAGLER ST ROOM 408 MIAMI FL 33130 US	982 W FLAGLER ST ROOM 408 MIAMI FL 33130 US

3. Date Incorporated or Qualified 06/21/1971	3a. Date of Last Report 02/15/1995
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-1586846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MAINE, CARMEN
320 S.W. 27 ROAD
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
CARMEN C. NAYLOR

82 Street Address (P.O. Box Number is Not Acceptable)

83 1198 SW 22~~RD~~ TERR.

84 City
MIAMI

85 Zip Code
FL 33129

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 fair and lawful action of the corporation's board of directors. I hereby accept the appointment as registered agent. I am fair and lawful with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	CASTILLO, LUCAS	
STREET ADDRESS	453 SW 2ND ST APT. 103	
CITY-ST-ZIP	MIAMI FL	
TITLE	PV	<input type="checkbox"/>
NAME	MENESES, MARIO J	
STREET ADDRESS	3199 SW 5 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/>
NAME	POZO, CARMEN	
STREET ADDRESS	1400 SW 13 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	MAINE, CARMEN	
STREET ADDRESS	320 S.W. 27TH RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/>
NAME	GONZALEZ, CARMEN	
STREET ADDRESS	647 NW 97 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	100001806301		
CITY-ST-ZIP	-05/03/96--01020--034		
TITLE	***61.25	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	SECRETARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP	CONCEPCION FERNANDEZ		
TITLE	2760 NW 27 ST # B	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	MIAMI FLA 33142		
STREET ADDRESS	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP	CARMEN C NAYLOR		
TITLE	1198 SW 22 TERR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	MIAMI FLA. 33129		
STREET ADDRESS	TREASURER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP	MANUEL ESTEVEZ		
TITLE	1750 W 46 ST #407	<input type="checkbox"/>	<input type="checkbox"/>
NAME	MIAMI FLA 33012		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: Carmen Maylor 3/26/96 305-859-2452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time P.M. or A.M.

CR2E037 (12/95)