

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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		3. Date Incorporated or Qualified	3a. Date of Last Report
962 WEST FLAGLER ST ROOM 406 MIAMI FL 33130 US		962 W FLAGLER ST ROOM 406 MIAMI FL 33130-1140 US		06/21/1971	05/02/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-1586846	Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
		<input type="checkbox"/>			
City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
		<input type="checkbox"/>			
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NAYLOR, CARMEN C. 1198 SW 22 TERRACE MIAMI FL 33129				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	P	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, LUCAS		1.2 NAME				
STREET ADDRESS	453 SW 2ND ST APT. 103		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	PV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	2ND VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MENESES, MARIO J		2.2 NAME	ALBERTO GARCIA			
STREET ADDRESS	3199 SW 5 ST		2.3 STREET ADDRESS	549 NE. 59 ST			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FLA 33137			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	POZO, CARMEN		3.2 NAME	CONCEPCION FERNANDEZ			
STREET ADDRESS	1400 SW 13 AVE		3.3 STREET ADDRESS	2760 NW 27 ST			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI FLA. 33142			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	TRUSTEE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	NAYLOR, CARMEN C.		4.2 NAME	ENRIQUE ALVAREZ			
STREET ADDRESS	1198 SW 22 TERRACE		4.3 STREET ADDRESS	3640 N.W. 9 ST # 109			
CITY-ST-ZIP	MIAMI FL 33129		4.4 CITY-ST-ZIP	MIAMI, FLA 33125			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, CARMEN		5.2 NAME				
STREET ADDRESS	647 NW 97 PL		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEVEZ, MANUEL		6.2 NAME				
STREET ADDRESS	1750 W. 46 ST., #407		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33012		6.4 CITY-ST-ZIP				

14. I do 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.

305-324-7891 324-1106
PE 6.9

CR2E037 (9/96)