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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90298 021 ****70.00

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 721210

1. Corporation Name

ASSOCIATION FOR THE USEFUL AGED, INC.

5 4 8 7 8 3
 540703 - 90298 - 21

Principal Place of Business

982 WEST FLAGLER ST
~~982 W FLAGLER ST~~
 MIAMI FL 33130
 US

Mailing Address

982 W FLAGLER ST
 MIAMI FL 33130
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/21/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1586846	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30		<input type="checkbox"/>	

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 Zip Code			

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	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CASTILLO, LUCAS		1.2 NAME	RAMON F ALONSO			
STREET ADDRESS	453 SW 2ND ST APT. 103		1.3 STREET ADDRESS	2300 W. FLAGLER ST #19			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FLA 33135			
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	VOCALES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GARCIA, ALBERTO		2.2 NAME	JOHN A. NORISS PA.			
STREET ADDRESS	549 NE 59TH ST.		2.3 STREET ADDRESS	2300 CORAL WAY			
CITY-ST-ZIP	MIAMI FL 33137		2.4 CITY-ST-ZIP	MIAMI FLA. 33145			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VOCALES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FERNANDEZ, CONCEPCION		3.2 NAME	FREDERIC DE PERIA FERIA			
STREET ADDRESS	2760 NW 27TH ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33142		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	VOCALES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	NAYLOR, CARMEN C.		4.2 NAME	ALICIA SILVARREY			
STREET ADDRESS	1198 SW 22 TERRACE		4.3 STREET ADDRESS	1800 SW 22 AVE #2			
CITY-ST-ZIP	MIAMI FL 33129		4.4 CITY-ST-ZIP	MIAMI FLA 33145			
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALVAREZ, ENRIQUE		5.2 NAME				
STREET ADDRESS	3640 NW 9TH ST., #109		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33125		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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MANUEL ESTEVEZ** DATE: **1/19/99** DAYTIME PHONE #: **305-324-1106**

CR2E037 (11/98)