

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739541 (1)

1. Corporation Name

AYUDA, INC.

Principal Place of Business

Mailing Address

7118 BYRON AVENUE
MIAMI BEACH FL 33141
USP.O. BOX 414597
MIAMI BEACH FL 33141-0597

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1977		3a. Date of Last Report 03/03/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1761257		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSI, DIANA
8777 COLLINS AVENUE
#1109
SURFSIDE FL 33154

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	7118 BYRON AVENUE
83	
84 City	Miami Beach, FL
85 Zip Code	33141

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 *[Signature]* DATE 1-27-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSI, DIANA	1.2 NAME	
STREET ADDRESS	7118 BYRON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	LISA EGOZI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSI, DORA	2.2 NAME	DIRECTOR OF OPERATIONS
STREET ADDRESS	7118 BYRON AVENUE	2.3 STREET ADDRESS	2217 NORMANDY DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	CARMEN GRANDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALEB, PETER	3.2 NAME	DIRECTOR OF FUNDRAISING
STREET ADDRESS	1164 NORMANDY DR	3.3 STREET ADDRESS	2217 NORMANDY DRIVE
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029718

CR2E037 (9/96)