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 # 741497 (2)

1. Corporation Name

FAMILY RESOURCE CENTER OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
9500 S DADELAND BLVD SUITE 350 MIAMI FL 33156 US	9500 S DADELAND BLVD SUITE 350 MIAMI FL 33156 US

3. Date Incorporated or Qualified: 02/01/1978

3a. Date of Last Report: 02/28/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1788265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HURST, CLAUDE
15705 MIAMI LAKE WAY, NORTH
SUITE B-121
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: Evelyn Cohan
82 Street Address (P.O. Box Number is Not Acceptable): 2127 Brickell Avenue
83: Bristol Tower
84 City: Miami FL 85 Zip Code: 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 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: Evelyn Cohan — DATE: 5/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SCHAUB, ROSEMARY		12 NAME		
STREET ADDRESS	7600 CORPORATE CENTER DR		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	TD	XX DELETE	21 TITLE	TD	XX Change ☐ Addition
NAME	MADSEN, CHERI		22 NAME	Vivian Lopez-Blanco	
STREET ADDRESS	ONE BISCAYNE TOWER #2100		23 STREET ADDRESS	One Biscayne Tower	
CITY-ST-ZIP	MAIMI FL		24 CITY-ST-ZIP	Miami, Florida 33131	
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GROSSMAN, SANDY		32 NAME		
STREET ADDRESS	1221 BRICKELL AVENUE		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP		
TITLE	SD	XX DELETE	41 TITLE	SD	XX Change ☐ Addition
NAME	HURST, CLAUDE		42 NAME	Evelyn Cohan	
STREET ADDRESS	15705 MIAMI LAKES WAY, N., SUITE B-121		43 STREET ADDRESS	2127 Brickell Avenue	
CITY-ST-ZIP	MIAMI LAKES FL		44 CITY-ST-ZIP	Miami, Fl 33129	
TITLE	VD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CARTER, PAULA		52 NAME	500001863185	
STREET ADDRESS	9895 S.W. 96TH STREET		53 STREET ADDRESS	-06/17/96--01021--002	
CITY-ST-ZIP	MAIMI FL		54 CITY-ST-ZIP	***70.00	
TITLE	ED	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	OLDIGES, MARY B		62 NAME		
STREET ADDRESS	75 S.W. 8TH STREET, #303		63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		64 CITY-ST-ZIP		

6/15/96 PM

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)(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

May 13, 1996 — Date

(305) 670-7005 — Daytime Phone #

CR2E037 (12/95)