

FILE NOW: FILING FEE IS \$61.25

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May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745460** (6)

1. Corporation Name

MIAMI CHAPTER 121 OF THE COUNCIL FOR EXCEPTIONAL CHILDREN, INC.

Principal Place of Business

Mailing Address

5296 SW 91ST AVE
MIAMI FL 33165
US

5296 SW 91ST AVE
MIAMI FL 33165-6647
US



2. Principal Place of Business	2a. Mailing Address
21 7245 SW 138 AV	26 7245 SW 138 AV
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami, FL	28 Miami, FL
24 33183 25 US	29 33183 30 US

3. Date Incorporated or Qualified 12/29/1978	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	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

10. Name and Address of New Registered Agent

HOLTZMAN, SYLVAN
1500 SAN REMO AVENUE
SUITE 200
CORAL GABLES FL 33146

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD <input type="checkbox"/> DELETE	1.1 TITLE	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUSE-SANCHEZ, JANICE	1.2 NAME	DeCario, Deanna
STREET ADDRESS	5296 SW 91ST AVE	1.3 STREET ADDRESS	7245 SW 138 AV
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33183
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECARIO, DEANNA	2.2 NAME	Perez, Miguel
STREET ADDRESS	7245 SW 138 AVE	2.3 STREET ADDRESS	605 SW 64 AV
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33144
TITLE	PED <input type="checkbox"/> DELETE	3.1 TITLE	PED <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MIGUEL	3.2 NAME	Buria, Theresa
STREET ADDRESS	605 SW 64 AVE	3.3 STREET ADDRESS	13432 SW 83 AV
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	VPT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MIGUEL	4.2 NAME	Wild, Estelle
STREET ADDRESS	605 SW 64TH AVE	4.3 STREET ADDRESS	8600 SW 120 ST
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDELUS, QUEEN	5.2 NAME	Mondelus, Queen
STREET ADDRESS	8850 SW 10 ST	5.3 STREET ADDRESS	8850 SW 10 ST
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	Pembroke Pines, FL
TITLE	TT <input type="checkbox"/> DELETE	6.1 TITLE	TT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILLAR, AL	6.2 NAME	Warner, Wes
STREET ADDRESS	8421 SW 181 ST	6.3 STREET ADDRESS	12051 SW 113 AV
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL 33176

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: Deanna A. DeCario 04/04/97 388-3392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031930

CR2E037 (9/96)