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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 745460 (6) 1. Corporation Name MIAMI CHAPTER 121 OF THE COUNCIL FOR EXCEPTIONAL CHILDREN, INC.			
Principal Place of Business 7245 S.W. 138 AVE MIAMI FL 33183 US		Mailing Address 7245 S.W. 138 AVE. MIAMI FL 33183 US	
2. Principal Place of Business 21 12051 SW 113 Ave Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33176 Country 25 DADE		2a. Mailing Address 26 12051 SW 113 Ave Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33176 Country 30 DADE	
9. Name and Address of Current Registered Agent HOLTZMAN, SYLVAN 1500 SAN REMO AVENUE SUITE 200 CORAL GABLES FL 33146		10. Name and Address of New Registered Agent 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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD DECARIO, DEANNA 7245 S.W. 138 AVE. MIAMI FL	1.1 TITLE	PPD PEREZ, MIGUEL 605 SW 64 AVE MIAMI, FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD PEREZ, MIGUEL 605 S.W. 64 AVE MIAMI FL	2.1 TITLE	PD BURIA, THERESA 13432 SW 83 AVE MIAMI, FL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PED BURIA, THERESA 13432 S.W. 83 AVE. MIAMI FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPT WILD, ESTELLE 8800 S.W. 120 ST MIAMI FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ST MONDELUS, QUEEN 8850 SW 10 ST PEMBROKE PINES FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TT WARNER, WES 12051 S.W. 113 AVE. MIAMI FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Wesley E. Warner* 2/7/98 (305) 681-7181

CR2E037 (10/97)