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Secretary of State

03-01-1999 90229 041 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 745460					
1. Corporation Name MIAMI CHAPTER 121 OF THE COUNCIL FOR EXCEPTIONAL CHILDREN, INC.					
Principal Place of Business 12051 SW 113 AVE MIAMI FL 33176 US			Mailing Address 12051 SW 113 AVE MIAMI FL 33176 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		12/29/1978	
22		27		4. FEI Number	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		NOT APPLICABLE	
23		28		5. Certificate of Status Desired	
City & State		City & State		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing	
Zip		Zip		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
HOLTZMAN, SYLVAN		81 Name			
1500 SAN REMO AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 200		83			
CORAL GABLES FL 33146		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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PAST PRESIDENT
NAME	PEREZ, MIGUEL	1.2 NAME	PEREZ, MIGUEL
STREET ADDRESS	605 S.W. 64 AVE	1.3 STREET ADDRESS	605 SW 64 AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL
TITLE	PED	2.1 TITLE	PRESIDENT
NAME	BURIA, THERESA	2.2 NAME	THERESA BURIA
STREET ADDRESS	13432 S.W. 83 AVE.	2.3 STREET ADDRESS	13432 SW 83 AVE.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VPT	3.1 TITLE	PRESIDENT-ELECT
NAME	WILD, ESTELLE	3.2 NAME	ESTELLE WILD
STREET ADDRESS	8600 S.W. 120 ST	3.3 STREET ADDRESS	8600 SW 120 ST.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	ST	4.1 TITLE	SECRETARY
NAME	MONDELUS, QUEEN	4.2 NAME	FLO TABOR-BROWN
STREET ADDRESS	8850 SW 10 ST	4.3 STREET ADDRESS	16520 NW 10th STREET
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33006
TITLE	TT	5.1 TITLE	
NAME	WARNER, WES	5.2 NAME	
STREET ADDRESS	12051 S.W. 113 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	VICE-PRESIDENT
NAME		6.2 NAME	ALBERTO FERNANDEZ
STREET ADDRESS		6.3 STREET ADDRESS	7901 SW 182 AVE.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33183

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: Wesley Warner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/99 305 681-7487
 Date Daytime Phone

CR2E037 (1/198)