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Mar 26 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 # **748145** (0)

1. Corporation Name

GREATER MIAMI CHILDREN'S CENTERS, INC.

Principal Place of Business

Mailing Address

256 SW 12TH ST.
MIAMI FL 33130-4252

256 SW 12TH ST.
MIAMI FL 33130-4252



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1979	3a. Date of Last Report 04/05/1996
21		26		4. FEI Number 59-1921556	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	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

MCGRAW, TERESA MANCUSO
256 S.W. 12TH STREET
MIAMI FL 33130

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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPALDO, LYNN	1.2 NAME	Kyle Lewis Weigel
STREET ADDRESS	110 3RD RIO ALTO TERR	1.3 STREET ADDRESS	682 Minorca Ave.
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAVELA, ROBIN	2.2 NAME	Alexa Lebezma
STREET ADDRESS	20375 NE ZZ PLACE	2.3 STREET ADDRESS	256 SW 12th St.
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	Miami, FL 33130
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRAW, TERESA MANCUSO	3.2 NAME	Kathleen McHugh
STREET ADDRESS	8500 SW 109TH AVE., APT. 120	3.3 STREET ADDRESS	256 SW 12th St.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33130
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIGEL, KYLE LEWIS	4.2 NAME	Michael Wallman
STREET ADDRESS	632 MINORCA AVE	4.3 STREET ADDRESS	256 SW 12th St.
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Miami, FL 33130
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORADAM, ANY	5.2 NAME	Arlene Kroger
STREET ADDRESS	7485 SW 159TH TERR	5.3 STREET ADDRESS	256 SW 12th St.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33130
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:

Kyle Lewis Weigel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028804

CR2E037 (9/96)