

FILE NOW: FILING FEE IS \$61.25

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98 SEP 30 PM 4:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #748145
1. Corporation Name
GREATER MIAMI CHILDREN'S CENTERS, INC.

Principal Place of Business 256 S.W. 12TH STREET MIAMI, FL 33130	Mailing Address
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3. Date Incorporated or Qualified 07/20/79	Applied For Not Applicable
4. FEI Number 59-1921556	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

61 Name MICHAEL WALLMAN	62 Street Address (P.O. Box Number is Not Acceptable) 256 S.W. 12TH STREET
63	
64 City MIAMI	65 Zip Code FL 33130

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 *Michael Wallman* **Michael Wallman** **September 29, 1998** DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR / PRESIDENT <input type="checkbox"/> DELETE
NAME	MICHAEL WALLMAN
STREET ADDRESS	256 S.W. 12TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	DIRECTOR / SECRETARY <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	256 S.W. 12TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	DIRECTOR/TREASURER <input type="checkbox"/> DELETE
NAME	ANGELICA M. CALABRESE
STREET ADDRESS	256 S.W. 12TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	DIRECTOR/ASSISTANT TREASURER <input type="checkbox"/> DELETE
NAME	MARY MACNAMARA
STREET ADDRESS	256 S.W. 12TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300002653583 - 8
1.4 CITY-ST-ZIP	-10/01/98--01063--017
	*****\$1.50 *****\$1.50
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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. 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: *Angelica M. Calabrese* **Angelica M. Calabrese, Director 09/21/98 856 6050** (305)

CR2E037 (10/97)