

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 757208 (4)  
1. Corporation Name

PASSAGEWAY RESIDENCE OF DADE COUNTY, INC.



Principal Place of Business: 2255 N.W. 10TH AVE, MIAMI FL 33127, US  
Mailing Address: 2255 N.W. 10TH AVE, MIAMI FL 33127, US

3. Date Incorporated or Qualified: 05/19/1981  
3a. Date of Last Report: 03/28/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-2088143		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
30	Country					

9. Name and Address of Current Registered Agent

MULLEN, THOMAS P  
2255 N.E. 10TH AVE  
MIAMI FL 33127

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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's signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	PD MORRIS, BARRY 2255 N.W. 10TH AVE MIAMI FL	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VPO LAVIELLE, ANA M. 2255 N.W. 10TH AVE MIAMI FL	21 TITLE	400001772754
NAME		22 NAME	-04/08/96--01084--028
STREET ADDRESS		23 STREET ADDRESS	***61.25
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	STD CHAVEZ, TERESITA 2255 N.W. 10TH AVE MIAMI FL	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	T
NAME		42 NAME	KENE TOROLLA
STREET ADDRESS		43 STREET ADDRESS	2255 N.W. 10TH AVE
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FL
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Teresita O. Chavez 02/08/96 305-577-7980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

4-8-96