SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:57

DOCUMENT # **L58371** **(0)**

1. Corporation Name

CLINICAL AND DEVELOPMENTAL INSTITUTE CORP.

Principal Place of Business	Mailing Address
~~707 N.W. 57TH AVE.~~ ~~1150 NW 14 ST #309~~ ~~MIAMI FL 33126~~ US	~~P. O. BOX 52457~~ ~~1150 NW 14 ST #309~~ ~~MIAMI FL 33152-4071~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1990	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0162085	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 707 N.W. 57AVE	26 707 N.W. 57 AVE
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: MIAMI-FL	28 City & State: MIAMI-FL
24 Zip: 33126 25 Country	29 Zip: 33126 30 Country

9. Name and Address of Current Registered Agent

REDONDO, JOSE PEDRO
707 N.W. 57TH AVE.
MIAMI FL 33126
2

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 Section 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X [signature] P.D. 6/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS (CHECK ONE)	
TITLE	DP/SEC/TRE	11 TITLE	☐ Change ☐ Addition
NAME	REDONDO, JOSE PEDRO	12 NAME	
STREET ADDRESS	~~3419 S.W. 26TH ST.~~ 9600 SW 102 St.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33176	14 CITY ST ZIP	
TITLE	~~DVST~~	21 TITLE	☐ Change ☐ Addition
NAME	~~BORRAS, VICKIE A.~~	22 NAME	
STREET ADDRESS	~~343 S.W. 26TH ST.~~	23 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR 134 (395)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] P.D. 6/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (DATE)

Jose Pedro Redondo

0143827 FP