

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L58371 (0)**  
1. Corporation Name  
**CLINICAL AND DEVELOPMENTAL INSTITUTE CORP.**



Principal Place of Business	Mailing Address
<del>707 NW 57 AVENUE MIAMI FL 33126 US</del>	<del>707 NW 57TH AVENUE 1150 NW 14 ST #309 MIAMI FL 33126 US</del>

2. Principal Place of Business	2a. Mailing Address
21 <b>1150 N W 72<sup>nd</sup> AVE</b>	26 <b>1150 N W 72<sup>nd</sup> AVE</b>
22 Suite/Apt. #, etc <b>180</b>	27 Suite/Apt. #, etc <b>180</b>
23 City & State <b>MIAMI FL</b>	28 City & State <b>MIAMI FL</b>
24 Zip <b>33126</b>	29 Zip <b>33126</b>
25 Country <b>DADE</b>	30 Country <b>DADE</b>

3. Date Incorporated or Qualified <b>03/19/1990</b>	3a. Date of Last Report <b>06/22/1995</b>
4. FEI Number <b>65-0162085</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REDONDO, JOSE PEDRO**  
**707 N.W. 57TH AVE.**  
**MIAMI FL 33136**

10. Name and Address of New Registered Agent

81 Name	<b>Jose P. Redondo Ph.D.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1150 N.W. 72<sup>nd</sup> AVE</b>
83	<b>SUITE # 180</b>
84 City	<b>MIAMI</b>
85 Zip Code	<b>FL 33126</b>

11. Pursuant to the provisions of Sections 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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when reappointing.)

Date

12. OFFICERS AND DIRECTORS	
TITLE	<b>DPST</b>
NAME	<b>REDONDO, JOSE PEDRO</b>
STREET ADDRESS	<b>9800 SW 102 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> DELETE
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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	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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: *Jose P. Redondo* **Jose P. Redondo** 6/18/96 (305) 591-5905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)