

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90082 018 \*\*\*\*61.25

0029714

**DOCUMENT # N04525**

1. Corporation Name

**THE CHILD ASSAULT PREVENTION (CAP) PROJECT OF SO  
UTH FLORIDA, INC.**

Principal Place of Business

OMNI MALL #1195  
1601 BISCAYNE BLVD  
MIAMI FL 33132  
US

Mailing Address

OMNI MALL #1195  
1601 BISCAYNE BLVD  
MIAMI FL 33132  
US



2. Principal Place of Business

21 **801 SW Third Ave**

Suite, Apt. #, etc.

22 **300**

City & State

23 **Miami FL**

Zip Country

24 **33130** 25 **USA**

2a. Mailing Address

26 **801 SW Third Ave.**

Suite, Apt. #, etc.

27 **300**

City & State

28 **Miami**

Zip Country

29 **33130** 30 **USA**

3. Date Incorporated or Qualified

**08/01/1984**

4. FEI Number

**59-2450696**

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

9. Name and Address of Current Registered Agent

**PERRY, BETH  
17900 SW 77 AVE  
MIAMI FL 33156**

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 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

TITLE ☐ DELETE

NAME **PSTD  
PERRY, BETH  
STREET ADDRESS  
1505 N.E. 13TH PLACE  
CITY-ST-ZIP  
MIAMI FL**

TITLE ☐ DELETE

NAME **D  
BADER, BOB  
STREET ADDRESS  
1969 NE 173 ST  
CITY-ST-ZIP  
MIAMI FL**

TITLE ☐ DELETE

NAME **D  
TORRES, GULY RODRIQUEZ  
STREET ADDRESS  
13911 S.W. 103RD AVENUE  
CITY-ST-ZIP  
MIAMI FL**

TITLE ☐ DELETE

NAME **D  
BERGER, ELLIS  
STREET ADDRESS  
550 NE 53 ST  
CITY-ST-ZIP  
MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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; 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, with all other like empowered.

SIGNATURE:

**BETH PERRY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-19-99 (305) 377-2277**

CR2E037 (11/98)