


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
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DOCUMENT # N06281 (2)
 1. Corporation Name
SOUTH DADE CRISIS PREGNANCY CENTER, INC.



Principal Place of Business Mailing Address
5975^{NE} Sunset Drive, Ste 101
Miami, FL 33143

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 5975 Sunset Drive		26 same		11/21/1984		02/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Ste 101		27		59-2480175		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami, FL		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24 33143		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

WOOD, JANE MORRIS
8401 SW 107TH AVE., #322E
MIAMI FL 33173

81 Name **Lesli J. Carter**
 82 Street Address (P.O. Box Number is Not Acceptable)
9741 W. Suburban Drive
 83
 84 City **Miami,** **FL** 85 Zip Code **33156**

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 617.0602, Florida Statutes.

SIGNATURE *Lesli J. Carter* (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	<input checked="" type="checkbox"/> DELETE	1.1	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALABARRIA, CARLOS		1.2	STREET ADDRESS	Welsh, Xiomara
STREET ADDRESS	2131 SW 21 TERR		1.3	CITY-ST-ZIP	12361 SW 106 St.
CITY-ST-ZIP	MIAMI FL		1.4		Miami, FL 33186
TITLE	VC	<input type="checkbox"/> DELETE	2.1	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORALES, BEVERLEY		2.2	STREET ADDRESS	Pappas, Peggy
STREET ADDRESS	12841 SW 115 TERR		2.3	CITY-ST-ZIP	11800 SW 63 Ave.
CITY-ST-ZIP	MIAMI FL		2.4		Miami, FL 33156
TITLE	S	<input type="checkbox"/> DELETE	3.1	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELSH, XIOMARA		3.2	STREET ADDRESS	D
STREET ADDRESS	12361 SW 106 ST		3.3	CITY-ST-ZIP	Plaster, Sue
CITY-ST-ZIP	MIAMI FL		3.4		13751 SW 84 St. #G
TITLE	T	<input type="checkbox"/> DELETE	4.1	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPPAS, TIM		4.2	STREET ADDRESS	D
STREET ADDRESS	11800 SW 63 AVE		4.3	CITY-ST-ZIP	Webb, Edgar
CITY-ST-ZIP	MIAMI FL		4.4		15631 SW 42 Lane
TITLE	D	<input type="checkbox"/> DELETE	5.1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULKELEY, CRAIG		5.2	STREET ADDRESS	
STREET ADDRESS	6612 SAN VICENTE		5.3	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES FL		5.4		
TITLE	D	<input type="checkbox"/> DELETE	6.1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, LARRY		6.2	STREET ADDRESS	300001 750288
STREET ADDRESS	12525 SW 111 AVE		6.3	CITY-ST-ZIP	-03/20/96--01002--019
CITY-ST-ZIP	MIAMI FL		6.4		***\$1.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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: *Lesli J. Carter* 1/22/96 305-665-4673
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lesli J. Carter, Director

CR2E037 (12/95)

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Attachment

Lesli J. Carter
9741 W. Suburban Drive
Miami, FL 33156

Phone: 667-6511