


FILE NOW: FILING FEE IS \$61.25

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Jan 21, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08884

1. Corporation Name

MIAMI BRIDGE YOUTH AND FAMILY SERVICES, INC.

Principal Place of Business

2810 NW S. RIVER DR.
MIAMI FL 33125

Mailing Address

2810 NW S. RIVER DR.
MIAMI FL 33125



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/19/1985 4. FEI Number 59-2569847 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

STEPHANIE K. SOLOVEI
2810 NW SOUTH RIVER DR
MIAMI FL 33125

10. Name and Address of New Registered Agent

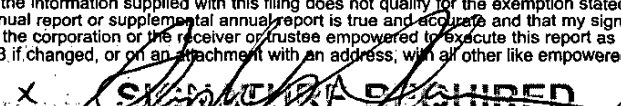
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	REINACH, JUDY	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
365 HARBOR LANE	KEY BISCAYNE FL 33149		
TITLE	NAME	2.1 TITLE	2.2 NAME
VPD	MATZNER, VERONICA	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
5880 SW 97TH ST	MIAMI FL 33156		
TITLE	NAME	3.1 TITLE	3.2 NAME
SD	TURICI, RICHARD	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
3325 NW 62 STREET	MIAMI FL		
TITLE	NAME	4.1 TITLE	4.2 NAME
TD	GROSSMAN, LISA K.	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
375 HAMPTON LANE	KEY BISCAYNE FL 33149		
TITLE	NAME	5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)