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**May 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N09969 (9)**
1. Corporation Name
SPINAL CORD LIVING-ASSISTANCE DEVELOPMENT, INC.



Principal Place of Business		Mailing Address	
240 EAST FIRST AVE STE 122 HIALEAH FL 33010 US		240 EAST FIRST AVE STE 122 HIALEAH FL 33010 US	
21	22	26	27
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23		28	
City & State		City & State	
24	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified
06/26/1985

4. FEI Number
59-2626198

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**RODRIGUEZ, PEDRO F.
240 E 1 AVE
STE 122
MIAMI FL 33010**

10. Name and Address of New Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, PEDRO F.	
STREET ADDRESS	2 CIRCLE DRIVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, AGUSTIN	
STREET ADDRESS	8540 SW 104TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAST	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ANGELINA P.	
STREET ADDRESS	2 CIRCLE DRIVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUNO, DINORA	
STREET ADDRESS	303-C SEA OATS DR.	
CITY-ST-ZIP	JUNOT BEACH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDRADE, RAUL	
STREET ADDRESS	8808 NW 109 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	PARLADE, MARGARITA M.	
STREET ADDRESS	9010 SW 9TH TERR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33156
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33016
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	33174

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.

SIGNATURE _____ Pedro F. Rodriguez

CR2E037 (10/97)