


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90128 020 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N23897					
1. Corporation Name ALLAPATTAH-WYNWOOD COMMUNITY AND DEVELOPMENT CENTER, INC.					
Principal Place of Business 1500 NW 15TH AVE. MIAMI FL 33125 US			Mailing Address 1500 NW 18TH AVE. MIAMI FL 33125 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/16/1987 4. FEI Number 65-0129019 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FONSECA, HERBERT S. SR. 604 S.W. 64TH AVE MIAMI FL 33144			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME P FONSECA, HERBERT S. SR. STREET ADDRESS 2655 N.W. 22 CT. CITY-ST-ZIP MIAMI FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME VD CIFUENTES, CARLOS STREET ADDRESS 2653 NW 22ND COURT CITY-ST-ZIP MIAMI FL			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Yaniret J. Flores 2.3 STREET ADDRESS 3511 NW 17th 2.4 CITY-ST-ZIP MIAMI, FL 33125		
TITLE <input type="checkbox"/> DELETE NAME S RODRIGUEZ, ROSINIA STREET ADDRESS 4750 N.W.-2 ST. CITY-ST-ZIP MIAMI FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME T CARRERA, JANET STREET ADDRESS 4520 S.W. 136 PLACE CITY-ST-ZIP MIAMI FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME ED FONSECA, HERBERT S STREET ADDRESS 2655 NW 22ND COURT CITY-ST-ZIP MIAMI FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **NOTARIZATION REQUIRED**

4-16-99

(305) 547-1382

CR2E037 (11/98)