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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39306** (8)

1. Corporation Name

CRA ADVOCATES, INC.



Principal Place of Business	Mailing Address
1201 S OCEAN DR UNIT 219 S HOLLYWOOD FL 33019	1201 S OCEAN DR UNIT 219 S HOLLYWOOD FL 33019-2134

3. Date Incorporated or Qualified 07/12/1990	3a. Date of Last Report 01/23/1996
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2. Principal Place of Business	2a. Mailing Address
21 1201 So. Ocean Drive Suite, Apt. #, etc. 22 # 2006-South City & State 23 Hollywood, FLA Zip Country 24 33019 25 U.S.A.	26 1201 So. Ocean Drive Suite, Apt. #, etc. 27 # 2006-South City & State 28 Hollywood, FL. Zip Country 29 33019 30 USA

4. FEI Number 65-0331719	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ARIAS, MARGUSRITE
1201 S OCEAN DR
UNIT 219, S
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name **MARGUERITE ARIAS**
82 Street Address (P.O. Box Number is Not Acceptable)
1201 So. Ocean Drive
83 # **2006-South**
84 City **Hollywood, FL.** **FL** 85 Zip Code **33019**

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 MARGUERITE ARIAS Marguerite Arias 11/17/97
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	DP	<input type="checkbox"/> DELETE
NAME	ARIAS, JACK	
STREET ADDRESS	1201 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ARIAS, MARGUERITE	
STREET ADDRESS	1201 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IGNATIO TORRES	
STREET ADDRESS	18712 NW 46 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 do 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: Marguerite Arias 11/17/97 (954) 920-9530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023451

CR2E037 (9/96)