

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name
N40476
Miami Dade Community Mental Health Center Inc.

Principal Place of Business Mailing Address
11880 Bird Road **Same**
Suite # 101
Miami, FL 33175

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	12/16/91
4. FEI Number	59-3100307
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
Relayo O. Rubido
7815 Coral Way, Suite # 107
Miami, FL 33155

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	11880 Bird Road
83	Suite # 101
84 City	Miami
85 Zip Code	FL 33175

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

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	Rubido, Pelayo O.	
STREET ADDRESS	7815 Coral Way, Suite # 107	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Vazquez, Carmen	
STREET ADDRESS	7815 Coral Way, Suite # 107	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	Vazquez, Reyselda	
STREET ADDRESS	7815 Coral Way, Suite # 107	
CITY-ST-ZIP	Miami, FL 33155	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11880 Bird Road, Suite # 101
1.4 CITY-ST-ZIP	Miami, FL 33175
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11880 Bird Road, Suite # 101
2.4 CITY-ST-ZIP	Miami, FL 33175
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11880 Bird Road, Suite # 101
3.4 CITY-ST-ZIP	Miami, FL 33175
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	1000024923-01
6.4 CITY-ST-ZIP	-04/17/98--01029--024 ***61.25

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 as an attachment with an address.

SIGNATURE: *[Signature]* **4/10/98** **(305) 228-1118**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)