

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

98 FEB 27 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997-98

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



DOCUMENT # N50295 (7)
 1. Corporation Name
 SOUTH DADE YOUTH AWARENESS CENTER, INC.



Principal Place of Business Mailing Address
 11960 SOUTHWEST 173RD STREET MIAMI FL 33177
 11960 SOUTHWEST 173RD STREET MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/06/1992		06/04/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0345340		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		<input type="checkbox"/>		<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution				5.00 May Be Added to Fees			
<input type="checkbox"/>				<input type="checkbox"/>			
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				10. Name and Address of New Registered Agent			
FERGUSON, BETTIE 11960 SOUTHWEST 173RD STREET MIAMI FL 33177				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 999992446108-8 -03/03/98--01100--003			
				84 City			
				****297.50 FL ***237.50			

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: BETTIE FERGUSON, Exec. Director Bettie M. Ferguson 02/18/98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CHADPERSON	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORGAN, CYNTHIA A.		1.2 NAME	JOHNNY JEFFERSON			
STREET ADDRESS	18180 S.W. 122ND AVENUE		1.3 STREET ADDRESS	9500 SW 180ST			
CITY-ST-ZIP	MIAMI FL 33177		1.4 CITY-ST-ZIP	MIAMI, FL 33167			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FERGUSON, BETTIE		2.2 NAME	CHARLES FERGUSON			
STREET ADDRESS	11960 S.W. 173RD STREET		2.3 STREET ADDRESS	11960 SW 173ST			
CITY-ST-ZIP	MIAMI FL 33177		2.4 CITY-ST-ZIP	MIAMI, FL. 33177			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	EXECUTIVE DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCWILLIAMS, WILLIE J		3.2 NAME	BETTIE M. FERGUSON			
STREET ADDRESS	725 N.W. 3RD STREET		3.3 STREET ADDRESS	11960 S.W. 173ST			
CITY-ST-ZIP	FLORIDA CITY FL 33034		3.4 CITY-ST-ZIP	MIAMI, FL. 33177			
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATTERSON, BARBARA		4.2 NAME				
STREET ADDRESS	11600 ROBINSON STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33176		4.4 CITY-ST-ZIP				
TITLE	ATD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FERGUSON, CHARLES		5.2 NAME				
STREET ADDRESS	11960 S.W. 173RD STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33177		5.4 CITY-ST-ZIP				
TITLE	SCD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOPE, JOHN C SR.		6.2 NAME				
STREET ADDRESS	20954 S.W. 85TH PASSAGE		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33189		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: BETTIE FERGUSON BETTIE FERGUSON 01/20/98 (305) 242-9111

CR2E037 (4/97)

REINSTATEMENT 97-98
 U. Alan
 2/27/98