## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

	1990						
DOCU 1. Corporatio	MENT # N9300	00002768 (0)	)				
HOME	FOR EARLY DEVELOPMEN	NT, INC.					
Principal Place of Business Mailing Address						FORM DOME 48111 11	OU TO CHE THEO I DOU LOGE
1381 NW 198		1381 NW 198TH ST					
MIAMI FL 331	169	MIAMI FL 33169					
					3. Date Incorporated or Qualified 06/14/1993	3a. Date o 08/	f Last Report 14/1995
<u> </u>	pal Place of Business 2a. Mailing Addr				4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			65-0425506 Not Applica		Not Applicable
22		27		5. Certificate of Status Desired		Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be	
Zγp	Country	Zip	Country		This corporation has liability for in	itangible tax un	Added to Fees der s. 199.032.
24	9. Name and Address of Curre	29	30	<del>.</del>	Florida Statutes  10. Name and Address of New Re	Yes No	
	S. Francisco de Garie	THE TIOSIDES ASSOLE	81	Name	IV. Name and Address of New Re	gistered Agei	nt
	ky, walter s E 162ND St		82	Street Add	iress (P.O. Box Number is Not Acceptable	e)	
	MIAMI BEACH FL 33162		83		7.5		
			84	City		100	Zip Code
11 Purcuant	to the provinient of Sections 617 050	00 and 617 1500 Flacide Chat		•		FL 8	1
	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec		s, the above-n ed by the corpo	amed corpo oration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changin ntment as regis	g Its registered office stered agent. I am
SIGNATURE							
12.	Signature, typed or printed name of registered ager OFFICERS At	nt and title if applicable. (NOT ND DIRECTORS	E: Registered Agent 13.	signature require	od when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIR	ECTORS IN 12
TITLE	DP VANIED	DELETE	1.1 THILE			Ch	
NAME STRÉET ADORESS	MOORE, XAVIER 1381 NW 198TH ST		1.2 NAME	ADDDECO			
CITY-ST-ZIP	MIAMI FL 33169		1.3 STREET ADDRESS 1.4 CITY-SY-ZIP				
TITLE	DST DELETE MOORE, PENNY		2.1 TITLE			□ Ch	ange 🔲 Addition
NAME STREET ADDRESS	1381 NW 198TH ST		2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-7IP	MIAMI FL 33169		2. 4 CITY - ST - ZIP				
TITLE NAME	DV Basin, Walter	DELETE	3.1 TITLE 3.2 NAME		<b>11.</b>	Ch	ange Addition
STREET ADDRESS	19020 NW 8TH CT		3.3 STREET	ADORESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL			r-zip			
TITLE NAME		DELETE	4 1 TITLE 4. 2 NAME			□ Ch	ange 🔲 Addition
STREET ADDRESS			4.3 STREET	ADDRESS			
C(TY-ST-ZIP T(TLE		DELETE	4.4 DITY-ST 5.1 TITLE	-ZIP ·		Ch	ange Addition
NAME			5.2 NAME				ango 🔲 Addinoli
STREET ADDRESS			5.3 STREET A	address			
CHTY-ST-ZIP TITLE		DELETE	5.4 CITY - ST 6.1 TITLE	- ZIP		□ ch	ange Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A				
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furnis	6.4 CITY-ST shed and does	not qualify f	or the exemption stated in Section 119.0	7(3)(k), Florida 5	Statutes. I further
certify that oath; that	i the information indicated on this ann	iual report or supplemental annu: oration or the receiver or trustee	al report is true emoowered to	and accura	te and that my signature shall have the sa s report as required by Chapter 617, Flori	ama lagal affac	and if made and a
	11/4	on an accomposit with an addre	<b>.</b>		9_Q A	مدار	• • • • •
SIGNAT	URE: // // // SIGNATURE AND TYPES O	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		2-9-94 Date	655 Deytime	-3061 Phone i

CR2E037 (12/95)