FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N94000005241 (4)**

1. Corporation Name
ADULT MANKIND EMPLOYMENT AND TRAINING CORPORATIO N

Principal Place of Business	Mailing Address
240 EAST 1ST AVENUE SUITE 124 HIALEAH FL 33010	240 EAST 1ST AVENUE SUITE 124 HIALEAH FL 33010

2. Principal Place of Business 21 300 E 1ST AVE.	2a. Mailing Address 26 P.O. BOX 112552
Suite, Apt. #, etc. 22 127	Suite, Apt. #, etc. 27
City & State 23 Hialeah, FL	City & State 28 Hialeah, FL
Zip / Country 24 33010 / 25 Dade	Zip / Country 29 33011-2552 / 30 Dade

3. Date Incorporated or Qualified 10/24/1994	3a. Date of Last Report 02/17/1995
4. FEI Number 59-2851713	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SOMEILLAN, GUILLERMO
240 EAST 1ST AVENUE
SUITE 124
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name: Someillan Guillermo
82 Street Address (P.O. Box Number is Not Acceptable): 300 EAST 1st Avenue
83 Suite #: 127
84 City: Hialeah FL 85 Zip Code: 33010

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: Dr Rolando Espinosa — DATE: 1/22/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	ESPINOSA, ROLANDO DR.		12 NAME		
STREET ADDRESS	240 EAST 1ST AVE. #124		13 STREET ADDRESS	300 EAST 1st Avenue	
CITY-ST-ZIP	HIALEAH FL 33010		14 CITY-ST-ZIP	Hialeah Fl 33010	
TITLE	VD	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	VILLALBA, JORGE S		22 NAME		
STREET ADDRESS	240 EAST 1ST AVE. #124		23 STREET ADDRESS	300 EAST 1st Avenue	
CITY-ST-ZIP	HIALEAH FL 33010		24 CITY-ST-ZIP	Hialeah, Fl. 33010	
TITLE	VD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	GONZALEZ, MANUEL		32 NAME		
STREET ADDRESS	240 EAST 1ST AVE. #124		33 STREET ADDRESS	300 EAST 1st Avenue	
CITY-ST-ZIP	HIALEAH FL 33010		34 CITY-ST-ZIP	Hialeah, Fl 33010	
TITLE	TD	☒ DELETE	41 TITLE	TD	☒ Change ☒ Addition
NAME	URRA, ORLANDO		42 NAME	Manuel Gonzalez	
STREET ADDRESS	240 EAST 1ST AVE. #124		43 STREET ADDRESS	300 EAST 1st Avenue	
CITY-ST-ZIP	HIALEAH FL 33010		44 CITY-ST-ZIP	Hialeah, Fl. 33010	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dr. Rolando Espinosa — 1/22/96 — 885-0796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)