


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).

FILED
Sep 18 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N94000005241 (4)**

1. Corporation Name

**ADULT MANKIND EMPLOYMENT AND TRAINING CORPORATIO
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| Principal Place of Business | Mailing Address |
| 300 E 1ST AVE STE 127 HIALEAH FL 33010 US | P O BOX 112552 SUITE 124 HIALEAH FL 33011-2552 US |

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|---------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/24/1994 | | 3a. Date of Last Report 03/19/1996 | |
| 21 4343 W. Flagler St. | | 26 | | 4. FEI Number 59-2851713/65-0556290 | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 300 | | 27 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 MIAMI, Florida | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
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| 9. Name and Address of Current Registered Agent | |
| SOMEILLAN, GUILLERMO 300 E 1ST AVE STE 127 HIALEAH FL 33010 | |

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| 10. Name and Address of New Registered Agent | |
| 81 Name | Guillermo Someillan Jr. |
| 82 Street Address (P.O. Box Number Is Not Acceptable) | 4343 West Flagler Street |
| 83 | Suite 300 |
| 84 City | MIAMI |
| 85 State | FL |
| 86 Zip Code | 33134 |

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 **Guillermo Someillan Jr.** **9/3/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | PRESIDENT |
| NAME | ESPINOSA, ROLANDO DR. | 1.2 NAME | Villalba, Jorge S. |
| STREET ADDRESS | 300 EAST 1ST AVE | 1.3 STREET ADDRESS | 4343 W. Flagler St |
| CITY-ST-ZIP | HIALEAH FL | 1.4 CITY-ST-ZIP | MIAMI, FL 33134 |
| TITLE | VD | 2.1 TITLE | Change |
| NAME | VILLALBA, JORGE S | 2.2 NAME | 4343 West Flagler St. |
| STREET ADDRESS | 300 E 1ST AVE | 2.3 STREET ADDRESS | MIAMI, FL 33134 |
| CITY-ST-ZIP | HIALEAH FL | 2.4 CITY-ST-ZIP | MIAMI, FL 33134 |
| TITLE | VD | 3.1 TITLE | Change |
| NAME | GONZALEZ, MANUEL | 3.2 NAME | 4343 W. Flagler St |
| STREET ADDRESS | 300 E 1ST AVE | 3.3 STREET ADDRESS | MIAMI, FL 33134 |
| CITY-ST-ZIP | HIALEAH FL | 3.4 CITY-ST-ZIP | MIAMI, FL 33134 |
| TITLE | TD | 4.1 TITLE | Change |
| NAME | GONZALEZ, MANUEL | 4.2 NAME | 4343 W. Flagler St |
| STREET ADDRESS | 300 E 1ST AVE | 4.3 STREET ADDRESS | MIAMI, FL 33134 |
| CITY-ST-ZIP | HIALEAH FL | 4.4 CITY-ST-ZIP | MIAMI, FL 33134 |
| TITLE | DELETED | 5.1 TITLE | Change |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | DELETED | 6.1 TITLE | Change |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 **Guillermo Someillan Jr.** **9/3/97** **1115 8655**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (4/97)