

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 # N95000001329 (0)

1. Corporation Name

**CHILD'S ABUSE RESCUE ASSOCIATION SERVICES, "C.A.
R.A.S." INC.**



Principal Place of Business

**8572 N.W. 56TH STREET
MIAMI FL 33178**

Mailing Address

**P.O. BOX 65-0361
MIAMI FL 33265-0361**

2. Principal Place of Business

21

Suite, Apt. #, etc.

23

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ALONSO, RAFAEL
13105 S.W. 2ND TERRACE
MIAMI FL 33184**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Rafael Alonso **RAFAEL ALONSO**

(NOTE: Registered Agent signature required when reinstating)

5-13-96 **DATE**

12. OFFICERS AND DIRECTORS

TITLE

SD

☐ DELETE

NAME

ALONSO, RAFAEL

STREET ADDRESS

8572 N.W. 56TH STREET

CITY - ST - ZIP

MIAMI FL 33178

TITLE

PD

☐ DELETE

NAME

ALONSO, VETTE M

STREET ADDRESS

8572 N.W. 56TH STREET

CITY - ST - ZIP

MIAMI FL 33178

TITLE

VD

☐ DELETE

NAME

ALONSO, MARIA R

STREET ADDRESS

8572 N.W. 56TH STREET

CITY - ST - ZIP

MIAMI FL 33178

TITLE

T

☐ DELETE

NAME

CASTILLO, HILDA

STREET ADDRESS

8572 N.W. 56TH STREET

CITY - ST - ZIP

MIAMI FL 33178

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

ALONSO RAFAEL ☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Rafael Alonso **RAFAEL ALONSO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96 **DATE**

(305) 862-5836 **Daytime Phone #**

CR2E037 (12/95)