

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000002542 (7)

1. Corporation Name

MIAMI CHILDREN CENTINNEL PROJECT INC.

Principal Place of Business

Mailing Address

633 NE 167 ST., SUITE 815
MIAMI FL 33162

633 NE 167 ST., SUITE 815
MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/24/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 7326 S.W 48 St

2a. Mailing Address

26 7326 SW 48 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

Country

24 33155

25 USA

Zip

Country

29 33155

30 USA

4. FEI Number

65-0583215

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OGUGUA, CHARLES
633 NE 167 ST., SUITE 815
MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name CHARLES OGUGUA
82 Street Address (P.O. Box Number is Not Acceptable)
496 NW 165 ST RD
83 #DS12
84 City MIAMI FL 85 Zip Code 33169

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME OGUGUA, CHARLES
STREET ADDRESS 496 NW 165 ST. RD., #512
CITY-ST-ZIP MIAMI FL 33169

TITLE C
NAME NORA SWAN
STREET ADDRESS 900 BAY DR #727
CITY-ST-ZIP MIAMI BEACH FL

TITLE VP
NAME SHANTEL BANATTY
STREET ADDRESS 943 NE 125TH ST
CITY-ST-ZIP NORTH MIAMI FL

TITLE D
NAME TALITA BABI
STREET ADDRESS 8101 SW 136TH ST
CITY-ST-ZIP MIAMI FL

TITLE D
NAME MIKE MCDEAMID
STREET ADDRESS 13300 MEMORIAL HWY
CITY-ST-ZIP NORTH MIAMI FL

TITLE
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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 *Charles Ogugua* 8-1-97 3:57/180221

CR2E037 (4/97)