

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000005313 (0)

1. Corporation Name

ASSOCIATION FOR DISABLED AMERICANS, INC.



Principal Place of Business: 11645 BISCAYNE BOULEVARD, SUITE 307F NORTH MIAMI FL 33181
Mailing Address: 11645 BISCAYNE BOULEVARD, SUITE 307F NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: 11/08/1995
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name: DANIEL RUIZ
82 Street Address (P.O. Box Number is Not Acceptable): 8221 SW 152 AVE CIRCLE APT 2
83
84 City: MIAMI FL 85 Zip Code: 33193

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: VICE PRESIDENT DANIEL RUIZ (Signature) DATE: 1/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESNICK, EDWARD	1.2 NAME	
STREET ADDRESS	11645 BISCAYNE BOULEVARD, SUITE 307F	1.3 STREET ADDRESS	400 SOUTH POINTE DR APT 1004
CITY - ST - ZIP	NORTH MIAMI FL 33181	1.4 CITY - ST - ZIP	MIAMI BEACH FLORIDA 33139
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRISH, JAMES JR.	2.2 NAME	
STREET ADDRESS	11645 BISCAYNE BOULEVARD, SUITE 307F	2.3 STREET ADDRESS	16100 SW 74TH COURT
CITY - ST - ZIP	NORTH MIAMI FL 33181	2.4 CITY - ST - ZIP	MIAMI, FLORIDA 33157
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, DANIEL	3.2 NAME	
STREET ADDRESS	11645 BISCAYNE BOULEVARD, SUITE 307F	3.3 STREET ADDRESS	8221 SW 152 AVENUE CIRCLE APT 2
CITY - ST - ZIP	NORTH MIAMI FL 33181	3.4 CITY - ST - ZIP	MIAMI FLORIDA 33193
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINSON, MILDRED	4.2 NAME	
STREET ADDRESS	11645 BISCAYNE BOULEVARD, SUITE 307F	4.3 STREET ADDRESS	LEVINSON, MILDRED
CITY - ST - ZIP	NORTH MIAMI FL 33181	4.4 CITY - ST - ZIP	7441 WAYNE AVE. APT 3I
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: (Signature) DATE: 1/26/96 DAYTIME PHONE #: 305-387-1249

CR2E037 (12/95)