

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000005424 (5)

1. Corporation Name
 THE CARE OF YOUTH FOUNDATION, INC.

FILED

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 *****61.25 *****61.25

Principal Place of Business: 6990 SCOTT STREET HOLLYWOOD FL 33024
 Mailing Address: 6990 SCOTT STREET HOLLYWOOD FL 33024

3. Date Incorporated or Qualified: 11/15/1995
 3a. Date of Last Report

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|---|---------------------------------|---|--|
| 21. Principal Place of Business P.O. Box 8569 Suite, Apt. #, etc. | 2a. Mailing Address Same | 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State Hollywood, FL | 27. Suite, Apt. #, etc. Same | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. Zip 33084 | 28. City & State Same | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Country Broward | 29. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent BIEBER, GREGG M 4601 SHERIDAN STREET SUITE 208 HOLLYWOOD FL 33021 <i>Delete</i> | 10. Name and Address of New Registered Agent 81 Name: TARA I. Intriago 82 Street Address (P.O. Box Number is Not Acceptable): 400 S.E. 8th St 83 84 City: Ft. Lauderdale, FL 85 Zip Code: 33316 |
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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: TARA I. Intriago
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
 DATE: 6/12/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|---|
| TITLE: PD NAME: LOPEZ, CARMEN R STREET ADDRESS: 4601 SHERIDAN ST #208 CITY-ST-ZIP: HOLLYWOOD FL 33021 | <input type="checkbox"/> DELETE | 1.1 TITLE: CARMEN R. LOPEZ, Pres. 1.2 NAME: 6990 Scott St 1.3 STREET ADDRESS: Hollywood, FL 33024 1.4 CITY-ST-ZIP: Hollywood, FL 33024 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: VD NAME: ALEMAN, ELENA STREET ADDRESS: 1410 N 35TH AVE CITY-ST-ZIP: HOLLYWOOD FL 33021 | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE: Linda Alber, V.P. 2.2 NAME: 141 N.W. 73rd Ave 2.3 STREET ADDRESS: Pembroke Pines, FL 33024 2.4 CITY-ST-ZIP: Pembroke Pines, FL 33024 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: S NAME: SELEM, MARY R STREET ADDRESS: 1911 FUNSTON ST CITY-ST-ZIP: HOLLYWOOD FL 33021 | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE: TARA I. Intriago 3.2 NAME: 3648 N.W. 91st Lane 3.3 STREET ADDRESS: Sunrise, FL 33351 3.4 CITY-ST-ZIP: Sunrise, FL 33351 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: T NAME: BELMONT, NEYSA STREET ADDRESS: 1410 N 35TH AVE CITY-ST-ZIP: HOLLYWOOD FL 33021 | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE: Gwendolyn Yapp, Secretary 4.2 NAME: 1817 N.W. 56th Terr. 4.3 STREET ADDRESS: Ft. Lauderdale, FL 33313 4.4 CITY-ST-ZIP: Ft. Lauderdale, FL 33313 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: GAINY, L D STREET ADDRESS: 1608 SE 3RD AVE CITY-ST-ZIP: FT LAUDERDALE FL | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE: Felipe Gonzalez, Treasurer 5.2 NAME: 16106 Opal Creek Dr. 5.3 STREET ADDRESS: Ft. Land., FL 33331 5.4 CITY-ST-ZIP: Ft. Land., FL 33331 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: NEVINS, JOHN STREET ADDRESS: 509 NE 3RD AVE CITY-ST-ZIP: FT LAUDERDALE FL | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE: Carmen R. Lopez 6.2 NAME: Director 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: → ABOVE | <input type="checkbox"/> Change <input type="checkbox"/> Addition Linda Alber Director. |

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]*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 6-12-96
 DAYTIME PHONE #: 954-987-2028

CR2E037 (3/96)