

FILE NOW: FILING FEE IS \$61.25

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97 APR 30 PM 2:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001215 (0)
1. Corporation Name
CHILDREN OF THE EARTH, INC.

Principal Place of Business 1320 SOUTH DIXIE HIGHWAY, SUITE 250 CORAL GABLES FL 33146	Mailing Address 1320 SOUTH DIXIE HIGHWAY, SUITE 250 CORAL GABLES FL 33146-2937
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2. Principal Place of Business 21 1320 South Dixie Highway		2a. Mailing Address 26 1320 South Dixie Highway		3. Date Incorporated or Qualified 03/05/1996		3a. Date of Last Report	
22 Suite, Apt. #, etc. Suite 949		27 Suite, Apt. #, etc. Suite 949		4. FEI Number 65-0645963		Applied For Not Applicable	
23 City & State Coral Gables, Florida		28 City & State Coral Gables, Florida		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33146		25 Country Dade		29 Zip 33146		30 Country Dade	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, CHRISTOPHER		1.2 NAME Smith, R. Christopher	
STREET ADDRESS 1320 SOUTH DIXIE HIGHWAY, SUITE 250		1.3 STREET ADDRESS 1320 South Dixie Highway, Suite 949	
CITY-ST-ZIP CORAL GABLES FL 33146		1.4 CITY-ST-ZIP Coral Gables, Florida 33146	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAZIER, RALPH		2.2 NAME Frazier, Ralph	
STREET ADDRESS 1320 SOUTH DIXIE HIGHWAY, SUITE 250		2.3 STREET ADDRESS 1320 South Dixie Highway, Suite 949	
CITY-ST-ZIP CORAL GABLES FL 33146		2.4 CITY-ST-ZIP Coral Gables, Florida 33146	
TITLE STO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME POLICARD, ASTRID		3.2 NAME Roberto Quiroz	
STREET ADDRESS 1320 SOUTH DIXIE HIGHWAY, SUITE 250		3.3 STREET ADDRESS 3321 Raleigh Street, Suite B	
CITY-ST-ZIP CORAL GABLES FL 33146		3.4 CITY-ST-ZIP Hollywood, Florida 33021	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	900002160489--8
STREET ADDRESS		4.3 STREET ADDRESS	-04/30/97--01063--012
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: Roberto Quiroz REQUIRED 4/29/97 Date Daytime Phone # 0030602

CR2E037 (9/96)