


FILE NOW: FILING FEE IS \$61.25

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Jun 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 # N96000002031 (0)  
1. Corporation Name  
THE CENTER FOR POSITIVE CONNECTIONS, INC.



Principal Place of Business Mailing Address  
C/O APP PHARMACY WELLNESS CNTR 656 NE 125 ST STE 2 NO MIAMI FL 33161  
C/O APP PHARMACY WELLNESS CNTR 656 NE 125 ST STE 2 NO MIAMI FL 33161-5546

3. Date Incorporated or Qualified 04/11/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 12490 NE 7th Ave  
22 Suite, Apt. #, etc. 212  
23 City & State North Miami, FL  
24 Zip 33161  
25 Country  
26 Mailing Address 1390 NE 162 St  
27 Suite, Apt. #, etc. c/o Suite B  
28 City & State North Miami Beach, FL  
29 Zip 33162  
30 Country

4. FEI Number 65-0669709  
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  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BLACKWELDER, BRION  
NOVA SOUTHEASTERN CIVIL LAW CLINIC  
3305 COLLEGE AVE  
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent  
81 Name Sheri Kaplan  
82 Street Address (P.O. Box Number is Not Acceptable) 1830 S. TREASURE DR #21  
83  
84 N Bay Village FL 85 Zip Code 33141

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 *Sheri Kaplan* DATE 4/26/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	Napoleon Cordero Pres	8070 S.W. 157 Place	Miami, FL 33193	<input checked="" type="checkbox"/>
	Ellen Kaplan, Secretary	1830 S. TREASURE DR #21	N. Bay Village, FL 33141	<input checked="" type="checkbox"/>
	Vivian Beck, Treas	6531 Lake Blue Dr	Miami Lakes FL 33014	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address

*Sheri Kaplan* 4/26/97

CR2E037 (9/96)