


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N96000003583 (9)</b>			
1. Corporation Name <b>CHILD ABUSE RESCUE ASSOCIATION, INC.</b>			
Principal Place of Business <b>13105 SOUTHWEST 2 TERRACE MIAMI FL 33184</b>		Mailing Address <b>13105 SOUTHWEST 2 TERRACE MIAMI FL 33184-1255</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
3. Date Incorporated or Qualified <b>07/08/1996</b>		3a. Date of Last Report	
4. FEI Number <b>65-0679803</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 relating)			
DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<b>D. VICO PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALONSO, MARIA R</b>	1.2 NAME	<b>DANIEL RODRIGUEZ</b>
STREET ADDRESS	<b>13105 SOUTHWEST 2 TERRACE</b>	1.3 STREET ADDRESS	<b>13105 S.W. 2TR</b>
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33184</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D. ASSISTANT SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CASTILLO, HILDA</b>	2.2 NAME	<b>RICARDO GONZALEZ JR</b>
STREET ADDRESS	<b>13105 SOUTHWEST 2 TERRACE</b>	2.3 STREET ADDRESS	<b>1920 S.W. 36 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33145</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALONSO, RAFAEL COB</b>	3.2 NAME	
STREET ADDRESS	<b>13105 SOUTHWEST 2 TERRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: <b>Sandra B. Northam</b>		4-16-97 305-559-6009	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0033667	

CR2E037 (9/96)