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May 09 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004791 (7)**

1. Corporation Name

**NATIONWIDE COUNSELING & REFERRAL CENTER, INC.**



Principal Place of Business

Mailing Address

6942 NW 15TH AVENUE  
MIAMI FL 33148

6942 NW 15TH AVENUE  
MIAMI FL 33147-7165

3. Date Incorporated or Qualified  
09/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 6942 NW 15TH AVE

2a. Mailing Address

26 6942 NW 15TH AVE

Suite, Apt. #, etc.

22 P.O. Box 530887

Suite, Apt. #, etc.

27 P.O. Box 530887

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip

24 33153

Country

25 DAD

Zip

29 33153

Country

30 DAD

9. Name and Address of Current Registered Agent

WILSON, JOHN  
6942 NW 15TH AVENUE  
MIAMI FL 33148

10. Name and Address of New Registered Agent

81 Name

JOHN Wilson

82 Street Address (P.O. Box Number is Not Acceptable)

11434 NW 22ND AVE.

83

84 City MIAMI

FL

85 Zip Code

33167

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

John Wilson

President JOHN Wilson

4-29-97

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 on an attachment with an address.

SIGNATURE

John Wilson

President JOHN Wilson

4-29-97

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CR2E037 (9/96)