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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000002015

1. Corporation Name
COMPREHENSIVE OUTREACH PROGRAMS (COPI) INC.

Principal Place of Business
 12900 GRIFFING BLVD
 NO MIAMI FL 33161

Mailing Address
 12900 GRIFFING BLVD
 NO MIAMI FL 33161



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/07/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0757963	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643				81	Name Marye V. Johnson		
				82	Street Address (P.O. Box Number is Not Acceptable) 12900 Griffing Blvd		
				83	City North Miami,		
				84	City	85	Zip Code FL 33161

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 Marye V. Johnson DATE **4/22/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, MARYE V	1.2 NAME	VINCENT FERNANDEZ
STREET ADDRESS	12900 GRIFFING BLVD	1.3 STREET ADDRESS	540 N.W. 47th Terr
CITY-ST-ZIP	NO MIAMI FL 33127	1.4 CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, SMAUEL	2.2 NAME	
STREET ADDRESS	19720 NW 47th Place	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL 33055	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MILLICENT	3.2 NAME	
STREET ADDRESS	540 NW 47TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, JENNIFER	4.2 NAME	
STREET ADDRESS	700 NE 26TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, EMILY	5.2 NAME	
STREET ADDRESS	12900 GRIFFING BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI FL 33161	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 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, with all other like empowered.

SIGNATURE: Marye V. Johnson DATE: **4/22/99** (305) 685-4122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037-(11/98)