


FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004538

1. Corporation Name

JUVENILE JUSTICE ASSOCIATION AGAINST DISCRIMINATION, INC.

Principal Place of Business

PO BOX 44-2229
 MIAMI FL 33144-2229

Mailing Address

PO BOX 44-2229
 MIAMI FL 33144-2229



2. Principal Place of Business 21 <u>3737 SW 8TH ST.</u> Suite, Apt. #, etc. 22 <u>302</u> City & State 23 <u>Coral Gables FL.</u> Zip 24 <u>33134</u> Country 25 <u>Miami-Dade</u>	2a. Mailing Address 26 <u>- same -</u> Suite, Apt. #, etc. 27 City & State 28 Zip 30	3. Date Incorporated or Qualified <u>08/06/1997</u> 4. FEI Number NOT APPLICABLE Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

SANTANA, EDUARDO
3737 SW 8TH STREET
SUITE 302
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIERA, ALBERTO	1.2 NAME	
STREET ADDRESS	PO BOX 44-2229 N/A	1.3 STREET ADDRESS	<u>3737 SW 8TH ST</u>
CITY-ST-ZIP	MIAMI FL 33144-2229	1.4 CITY-ST-ZIP	<u>Coral Gables, FL 33134</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, EDUARDO	2.2 NAME	
STREET ADDRESS	PO BOX 44-2229 N/A	2.3 STREET ADDRESS	<u>3737 SW 8TH ST</u>
CITY-ST-ZIP	MIAMI FL 33144-2229	2.4 CITY-ST-ZIP	<u>CORAL GABLES, FL 33134</u>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDA, JORGE	3.2 NAME	<u>HILDA CARRILLO</u>
STREET ADDRESS	PO BOX 44-2229 N/A	3.3 STREET ADDRESS	<u>3737 SW 8TH ST</u>
CITY-ST-ZIP	MIAMI FL 33144-2229	3.4 CITY-ST-ZIP	<u>CORAL GABLES, FL 33134</u>
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 4/30/99 (305) 448-7449
 Date Daytime Phone #

CR2E037 (1/98)