

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 DEC 16 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001706

1. Corporation Name

Miami-Dade Adult Day Services
Association, Inc.

Principal Place of Business

1475 N.W. 14th Ave.
Miami, FL 33125

Mailing Address

1008 N.E. 115th Street
Miami, FL 33161

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1475 N.W. 14th Ave	26		3/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0823175	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Miami FL			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country			
24	33125	25	U.S.A		

9. Name and Address of Current Registered Agent

Alicia Schindler
1008 N.E. 115th Street
Miami, FL 33161

10. Name and Address of New Registered Agent

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

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	Vice-President-Director <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alicia Schindler	1.2 NAME	Amparo Fernandez
STREET ADDRESS	1008 N.E. 115th Street	1.3 STREET ADDRESS	7605 West 10th Ave.
CITY-ST-ZIP	Miami, FL 33161	1.4 CITY-ST-ZIP	Hialeah, FL 33014
TITLE	President-Director <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	Tessy Branker	2.2 NAME	
STREET ADDRESS	1501 N.W. 9th Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33136	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

Alicia Schindler

4/28/99

Date

Daytime Phone #

CR2E037 (11/98)