

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 25 AM 8:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000008391 (2)

1. Corporation Name

CENTRO DE MEDIACION FAMILIAR, INC. (CENTER FOR FAMILLY MEDIATION, INC.)

Principal Place of Business

901 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0590806

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 198.02,
Florida Statutes

☐ Yes ☐ No

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PEREZ-ABREU, JAVIER
901 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and date of signature)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOTO, OSVALDO N ESQ.
STREET ADDRESS	2151 LE JUENE RD., SUITE 310
CITY, ST, ZIP	CORAL GABLES FL 33134
TITLE	STD
NAME	PEREZ-ABREU, JAVIER ESQ.
STREET ADDRESS	901 PONCE DE LEON BLVD., #502
CITY, ST, ZIP	CORAL GABLES FL 33134
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95

305-443-1794