

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000006013 (3)**

1. Corporation Name

CRC OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

**8600 N.W. 36TH ST.
MIAMI FL 33166**

**8600 N.W. 36TH ST.
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

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City & State

23

Zip

Country

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26

State, Apt. #, etc.

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City & State

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Zip

Country

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30

9. Name and Address of Current Registered Agent

**ABBOTT, ELIOT C
999 PONCE DE LEON BLVD.
SUITE 1150
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

4. FEI Number

65-0550479

Applied For

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. 199.032,
Florida Statutes. ☐ Yes ☐ No

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 607.0402 and 607.1504, 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

(If not Registered Agent, sign as authorized officer or director)

Date: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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2. NAME: **MAS, JORGE**
3. STREET ADDRESS: **8600 N.W. 36TH ST., 8TH FLOOR**
4. CITY-STATE-ZIP: **MIAMI FL 33166**
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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)(k), 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 or 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 on an attachment with an address.

SIGNATURE:

Jorge Mas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

(305) 579-1900

CR2E034 (12/95)