FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000016083 (4)**

1. Corporation Name

CENTER FOR INNOVATIVE PROGRAMS, INC.

Principal Place of Business	Mailing Address
4470 BISCAYNE BLVD SUITE 870 MIAMI FL 33137	4470 BISCAYNE BLVD SUITE 870 MIAMI FL 33137

3. Date Incorporated or Qualified: 02/27/1995

3a. Date of Last Report:

2. Principal Place of Business
21 2800 Biscayne Blvd.
Suite, Apt. #, etc.
22 Suite 630
City & State
23 Miami, Florida
24 Zip 33137
25 Country U.S.

2a. Mailing Address
26 2800 Biscayne Blvd.
Suite, Apt. #, etc.
27 Suite 630
City & State
28 Miami, Florida
29 Zip 33137
30 Country U.S.

4. FEI Number: 65-0572926 ☐ 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

9. Name and Address of Current Registered Agent

JENKINS, LORI A
4470 BISCAYNE BLVD SUITE 870
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: Jenkins, Lori A.
82 Street Address (P.O. Box Number is Not Acceptable): 2800 Biscayne Blvd., Suite 630
83
84 City: Miami **FL** 85 Zip Code: 33137

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 _____ DATE

12. OFFICERS AND DIRECTORS		☐ DELETE
TITLE	President	
NAME	Lori A. Jenkins	
STREET ADDRESS	4770 Biscayne Blvd,Suite 870	
CITY-ST-ZIP	Miami, FL 33137	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☒ Change ☐ Addition
1-1 TITLE	President	
1-2 NAME	Lori A. Jenkins	
1-3 STREET ADDRESS	2800 Biscayne Blvd, Suite 630	
1-4 CITY-ST-ZIP	Miami, FL 33137	
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		5-1-96 ☐ Change ☐ Addition
6-2 NAME		~~ADB~~
6-3 STREET ADDRESS		Bank deposit $200.00
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lori A. Jenkins 2/26/96 305-573-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #