FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000016500 (7)

ST. ANTHONY COUNSELING CENTER, INC.

FILED May 09 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address							
2020 B.W. 1ST		2020 S.W. 1ST STREET							
MIAMI FL 3313		MIAMI FL 33135-1603							
						3. Date Incorporated or Qualified 02/27/1995		ate of Last 01/1996	
	lace of Business	2a, Mailing Address	¬			4, FEI Number			Applied For
21	A -1-	26			65-0559795 Not Applicate \$8.75 Additional			Not Applicable	
Sulte, Apt.	₩, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & Stat	θ	City & State			6. Election Campaign Financing	cing \$5.00 May Be			
23		28				Trust Fund Contribution		Added	d to Fees
Zip	Country	Zφ		intry		8. This corporation has liability for			s. 199.032,
24	25 Name and Address of Curren	1 Bonistored Acont	30			Florida Statutes 10. Name and Address of New Re	Yes [
MEN	VA, CESAR A	r uehisteren Wheirr		81	Name	10, teame and Address of New Ne	Bistolen	Agoin	
	S.W. 71ST COURT								
	MI FL 33144		82 Street Add			ress (P.O. Box Number is Not Acceptat	ile)		
MINA	mi i E 00177			В3					
				64	City		F-1	85 Zip	o Code
dd Dyrouant	to the provisions of Sections 607 050	2 and 607 1600 Florida Statut	on the of		namad aar	possion submits this statement for the	FL	f obanging	ita registered
office or r	registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such change was a stions of Spetion 607 0505. Ele	es, inc ai authorize arida Stat	d by	the corporal	poration submits this statement for the p lion's board of directors. I hereby accep	of the app	pointment a	is registered
SIGNATURE									
	Signature, typed or printed name of registered ago OFFICERS ANI	 		d Age	nt signature requi	Ired when reinstating)	DATE	DIDECTO	200 (1) 40
12. TITLE	PO OFFICENS AND	DELETE	13. 1.1 TI	TI F	[ADDITIONS/CHANGES TO OFFIC	EHS AINL	Change	
NAME	MENA, CESAR A		1.2 N		Ī				
STREET ADDRESS	2020 S.W. 1ST STREET				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33135			11Y-\$1	- 1				
TITLE	S	2.2 N		2.3 TITLE 2.2 NAME 2.3 STREET ADDRESS				☐ Change	Addition
NAME	MENA, JUAN C								
STREET ADDRESS	2020 S.W. 1ST STREET								
CITY-ST-ZIP	MIAMI FL				S1-ZIP				
TITLE	D	☐ DELETE	3.1 TI	TLE				L Change	: L Addilion
NAME	MENA, JOSE L.		3.2 N						
STREET ADDRESS	571 SW 71ST COURT				ADDRESS				
CITY-\$T-ZIP	MIAMI FL	DELETE			ST-ZIP			☐ Change	e 🔲 Addition
TITLE	· •			4.1 TITLE 4. 2 NAME				change	☐ Woollion
NAME OTDEET ADDDEESS					ADDRES\$				
STREET ADDRESS									
CITY-ST-ZIP TITLE				4.4 C(1Y - ST - Z(P) 5.1 T(TLE				Change	Addition
NAME		 -	5.2 NAME						
STREET ADDRESS					ADDRESS				,
CITY-ST-ZIP				11Y - S1					ļ
TITLE				S.1 TITLE				Change	Addition
NAME			6.2 N	AME					ļ
STREET ADDRESS			6.3 S	IREET	ADDRESS				ļ
CITY-ST-ZIP			6.4 Ct	TY - \$1	I - ZIP				

I do 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 of director on the corporation or the recovery or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 10 to 10