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FILED  
Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000042722 (4)

1. Corporation Name  
FAMILY DIVERSITY, INC.



Principal Place of Business

1501 VENERAL AVENUE  
SUITE 212  
CORAL GABLES FL 33146

Mailing Address

1501 VENERAL AVENUE  
SUITE 212  
CORAL GABLES FL 33146-3032

3. Date Incorporated or Qualified

05/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 4960 S.W. 72 Avenue

2a. Mailing Address

26 4960 S.W. 72 Avenue

4. FEI Number

65-0666836

Applied For

Not Applicable

Suite, Apt. #, etc

22 301

Suite, Apt. #, etc.

27 301

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Miami, Florida

City & State

28 Miami, Florida

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

24 33155

Country

Zip

29 33155

Country

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STEENO, JULIE A  
1501 VENERAL AVENUE  
SUITE 212  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

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

6596 S.W. 63 Terrace

83

84 City

Miami

FL

85 Zip Code

33143

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME STEENO, JULIE A  
STREET ADDRESS 1501 VENERAL AVENUE  
CITY- ST- ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

STD  
NAME TITUS, NANCY ELLEN  
STREET ADDRESS 1501 VENERAL AVENUE  
CITY- ST- ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

6596 S.W. 63 Terrace  
Miami, Florida 33143

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

5765 S.W. 77 Terrace  
South Miami, Florida 33143

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. 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 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 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 in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97  
Date

305-662-5000  
Daytime Phone

CR2E034 (9/96)