

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S58435 (6)
1. Corporation Name
COUNSELING & TRAINING INSTITUTE, INC.



Principal Place of Business
5700 LAKE WORTH RD
GREENACRES CITY FL 33463

Mailing Address
5700 LAKE WORTH RD
GREENACRES CITY FL 33463-4727

3. Date Incorporated or Qualified
06/03/1991

3a. Date of Last Report
08/02/1996

4. FEI Number
65-0272178

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

RONDA, MARIA I.
5700 LAKE WORTH RD
S303
GREENACRES CITY FL 33463

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Maria I. Ronda President 4/25/97
Signature typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	RONDA, MARIA I	5700 LAKE WORTH RD / STE - 303	GREENACRES FL	<input checked="" type="checkbox"/>
VP	RONDA, JULIO E.	5700 LAKE WORTH RD / STE - 303	GREENACRES CITY FL	<input type="checkbox"/>
TS	BETANCOURT, MARIA	5700 LAKE WORTH RD S302	GREENACRES CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1		5700 - Lake Worth Road # 209-1		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1		5700 - Lake Worth Road # 209-1		<input type="checkbox"/>	<input type="checkbox"/>
3.1		5700 - Lake Worth Road # 209-1		<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>

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 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: Maria I. Ronda 4/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (9/96)