SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V04494** **(3)**

1. Corporation Name
M. R. O. SUBSTANCE ABUSE INC.

Principal Place of Business	Mailing Address
15529 BULL RUN RD MIAMI LAKES FL 33014	15529 BULL RUN RD STE 241 MIAMI LAKES FL 33014 US

3. Date Incorporated or Qualified: 01/07/1992	3a. Date of Last Report: 04/25/1995
4. FEI Number: 65-0308097	☐ 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	2a. Mailing Address
21 15700 NW 67 Ave.	26 15700 NW 67 Ave
22 Suite, Apt. #, etc: # 201	27 Suite, Apt. #, etc: #201
23 City & State: MIAMI LAKES, FL	28 City & State: MIAMI LAKES, FL
24 Zip: 33014 25 Country: USA	29 Zip: 33014 30 Country: USA

9. Name and Address of Current Registered Agent
RODRIGUEZ, IGNACIO
15529 BULL RUN RD
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent
81 Name: IGNACIO RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 15700 NW 67 AVE.
83: #201
84 City: MIAMI LAKES FL 85 Zip Code: 33014

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] IGNACIO RODRIGUEZ 7/5/96
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, IGNACIO MD 12455 SW 97TH CT MIAMI FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SAME SAME 15700 NW 67 AV. #201 MIAMI LAKES, FL 33014 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FROST, JESSICA C 437 SANTANDER AVE #C CORAL GABLES FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARBER, MIGUEL G 21150 NE 3 AVE N MIAMI BEACH FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] IGNACIO RODRIGUEZ 7/5/96 (305) 557-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #