FILE NOW: FILING FEE AFTER MAY 1 IS ~~$225.00~~

FILED
Jun 04 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 # V34832 (8)

1. Corporation Name

MANOS A LA OBRA, HAND REHABILITATION, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 2044~~ ~~MIAMI FL 33243-2044~~	~~P.O. BOX 2044~~ ~~MIAMI FL 33243-2044~~
20547 OLD CUTLER RD. #170 MIAMI, FLA. 33189	SAME CHANGE

3. Date Incorporated or Qualified: 05/07/1992
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0331625 — 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

MANDEL, STANLEY J.
20341 OLD CUTLER RD
STE A
MIAMI FL 33189

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
84 City — FL — 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV ☐ DELETE	TITLE	DPV ☐ Change ☐ Addition
NAME	TENNY, NORA	NAME	TENNY, NORA
STREET ADDRESS	~~7901 SW 205 ST~~	STREET ADDRESS	20547 OLD CUTLER RD. #170
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL. 33189
TITLE	ST ☐ DELETE	TITLE	ST ☐ Change ☐ Addition
NAME	TENNY, NORA	NAME	TENNY, NORA
STREET ADDRESS	~~7901 SW 205 ST~~	STREET ADDRESS	20547 OLD CUTLER RD. #170
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL. 33189
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DW 6-4-97

300002208733
-06/11/97--01052--044
***165.00

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

SIGNATURE: [signature] 4/25/97 232-5454

CR2E034 (12/95)