

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742560 (6)

1. Corporation Name

MIAMI MUSIC TEACHERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SIMPSON
6795 BROOKLINE DRIVE
HIALEAH FL 33015

C/O SIMPSON
6795 BROOKLINE DRIVE
HIALEAH FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

04/25/1978 05/01/1994

4. FEI Number Applied For
59-6153116 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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 c/o Cuenca

26 c/o Cuenca

22 Suite, Apt. #, etc.
726 E. 36 ST.

27 Suite, Apt. #, etc.
726 E. 36 ST.

23 City & State
Hialeah, FL

28 City & State
Hialeah, FL

24 Zip Country
33013 USA

29 Zip Country
33013 USA

9. Name and Address of Current Registered Agent

SIMPSON, PATRICIA
6795 BROOKLINE DR
HIALEAH 33015

10. Name and Address of New Registered Agent

81 Name Patricia Simpson (same)

82 Street Address (P.O. Box Number is Not Acceptable)
6850 N. Augusta Dr.

83

84 City Hialeah FL 85 Zip Code 33015

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 title if applicable

NOTE: Registered Agent signature required when negotiating

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DAWSON, WILLIAM
STREET ADDRESS	1470 NE 123 ST., #1005
CITY - ST - ZIP	N. MIAMI FL
TITLE	TD
NAME	SIMPSON, PATRICIA
STREET ADDRESS	6795 BROOKLINE DR
CITY - ST - ZIP	HIALEAH FL
TITLE	PD
NAME	TORRON, RITA
STREET ADDRESS	10352 SW 23 ST
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	+D Patricia Simpson
23 STREET ADDRESS	6850 N. Augusta Dr.
24 CITY - ST - ZIP	Hialeah FL 33015
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(b), 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:

Patricia Simpson Patricia Simpson

4-24-95 305-829-4183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number