

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

300001822383
-05/15/96--01049--042
***61.25

DOCUMENT # 742560 (6)
1. Corporation Name
MIAMI MUSIC TEACHERS ASSOCIATION, INC.



Principal Place of Business: C/O CUENCA, 726 E. 36 ST., HIALEAH FL 33013 US
Mailing Address: C/O CUENCA, 726 E. 36 ST., HIALEAH FL 33013 US

3. Date Incorporated or Qualified: 04/25/1978
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-6153116
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 ~~MIAMI~~
22 Suite, Apt. #, etc.
23 City & State
24 Zip: 25 Country
2a. Mailing Address: 26
27 Suite, Apt. #, etc.
28 City & State
29 Zip: 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMPSON, PATRICIA
6850 N. AUGUSTA DR.
HIALEAH 33015

81 Name: CUENCA, CARMEN
82 Street Address (P.O. Box Number is Not Acceptable): 726 EAST 36 STREET
83
84 City: HIALEAH FL 85 Zip Code: 33013

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 27th, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VD	DAWSON, WILLIAM 1470 NE 123 ST., #1005 N. MIAMI FL	1.1 TITLE: PRESIDENT (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: ROBERT SCHOLTZ 1.3 STREET ADDRESS: 7340 SW 82 STREET C-101 1.4 CITY-ST-ZIP: MIAMI, FL 33143
TITLE: TD	SIMPSON, PATRICIA 6850 N. AUGUSTA DRIVE HIALEAH FL	2.1 TITLE: PRESIDENT-ELECT (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: BELLA JENSEN 2.3 STREET ADDRESS: 154 W SUNRISE AVE 2.4 CITY-ST-ZIP: CORAL GABLES 33133
TITLE: PD	TORRON, RITA 10352 SW 23 ST MIAMI FL	3.1 TITLE: TREASURER (TD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: CARMEN CUENCA 3.3 STREET ADDRESS: 726 E 36 ST 3.4 CITY-ST-ZIP: HIALEAH, FL 33013
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME: DR. ROSALINA SACKSTEIN (D) 4.3 STREET ADDRESS: 5360 SW 87 AVENUE 4.4 CITY-ST-ZIP: MIAMI FL 33165
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME: RITA TORRON (D) 5.3 STREET ADDRESS: 10352 SW 23 STREET 5.4 CITY-ST-ZIP: MIAMI, FL 33165
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME: FLORENCE KINNEY (D) 6.3 STREET ADDRESS: 7705 CAMINO REAL, APT. B-216 6.4 CITY-ST-ZIP: MIAMI, FL 33143

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

carmen cuenca

February 27th, 1996
Date
305-380-3891
Daytime Phone #

CR2E037 (12/95)

5-7-96