

FILE NOW: FILING FEE IS \$61.25

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**Apr 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date incorporated or Qualified 04/25/1978	
4. FEI Number 59-6153116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 C/O SIMPSON	2a. Mailing Address 26 C/O SIMPSON
Suite, Apt. #, etc. 22 6850 N. AUGUSTA DR.	Suite, Apt. #, etc. 27 6850 N. AUGUSTA DR.
City & State 23 Hialeah FL	City & State 28 Hialeah FL
Zip 24 33015	Country 25 US
Zip 29 33015	Country 30 US

9. Name and Address of Current Registered Agent

**SIMPSON, PATRICIA
6850 N. AUGUSTA DR.
HIALEAH FL 33015**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SHULTZ, ROBERT	
STREET ADDRESS	7340 SW 82 STREET C-101	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JENSEN, ZELDA	
STREET ADDRESS	154 W. SUNRISE AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CUENCA, CARMEN	
STREET ADDRESS	726 E 36 ST.	
CITY-ST-ZIP	HALEAH FL 33013	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SACKSTEIN, ROSALINA DR.	
STREET ADDRESS	5360 SW 87 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TORRON, RITA	
STREET ADDRESS	10352 SW 23ST.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KINNEY, FLORENCE	
STREET ADDRESS	7705 CAMINO REAL B-216	
CITY-ST-ZIP	MIAMI FL 33143	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JENSEN, ZELDA	
1.3 STREET ADDRESS	154 W. SUNRISE AVE.	
1.4 CITY-ST-ZIP	CORAL GABLES FL 33133	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SACKSTEIN, ROSALINA	
2.3 STREET ADDRESS	5360 SW 87 AVE.	
2.4 CITY-ST-ZIP	MIAMI FL 33165	
3.1 TITLE	F/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SIMPSON, PATRICIA	
3.3 STREET ADDRESS	6850 N. AUGUSTA DR.	
3.4 CITY-ST-ZIP	HIALEAH FL 33015	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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 4-1-98 305-829-4183

CR2E037 (10/97)