### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 742560**

1. Corporation Name

### MIAMI MUSIC TEACHERS ASSOCIATION, INC.

Principal Place of Business
C/O SIMPSON
6850 N AUGUSTA DR
HIALEAH FL 33015
HS

Mailing Address

C/O SIMPSON

# **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90022 029 \*\*\*\*61.25

\* 889321 · 90022 · 29 1 \*



6850 N AUGUS HIALEAH FL 33 US		6850 n Augusta dh Hialeah Fl 33015 Us							
2. Principal P	Place of Business	2a. Mailing Address		<u></u>	3. Date Incorporated or Qualifed 04/25/1978	<u></u>		· · · · · · · · · · · · · · · · · · ·	
21		Suite, Apt. #, etc.			4. FEI Number		A	pplied For	
Suite, Apt. #, etc.		27			59-6153116	- A A - B - A - A - A - A - A - A - A -		ot Applicable	
City & State		City & State			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
23		28							
Zip Country		Zip Country			6. Election Campaign Financing \$5.00 May Be				
24	25	29 30	<u> </u>		Trust Fund Contribution  10. Name and Address of New R	ealstered A		10 1 605	
	9. Name and Address of Curr	ent Registered Agent	81 Na	me	TO. Halle and Addiess of New A				
	DATE:		1			his\			
	, PATRICIA		82 Street Address		ess (P.O. Box Number is Not Accepta	ole)	•		
HIALEAH I	NUGUSTA DR.		83						
TIMLEAN I	FL 03010		84 Ci				85 Zip	Code	
				•		FL			
11. Pursuant office or ragent. La	to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 617.1508, Florida Statutes, te of Florida. Such change was autho gations of, Section 617.0503, Florida	the above-na orized by the Statutes.	ned corporation	oration submits this statement for the on's board of directors. I hereby accept	t the appoir	ntment as i	egistered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Rec	gistered Agent sign	sture required	d when reinstating)	DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE		•		Change	Addition	
NAME	JENSEN, ZELDA		1.2 NAME	ļ			,		
STREET ADDRESS			1.3 STREET ADD	ÆSS			:		
CITY-ST-ZIP	CORAL GABLES FL 33133		1.4 CITY-ST-ZIP				☐ Change	Addition	
TITLE	VD	☐ DELETE	2.1 TITLE			•		,_	
NAME	SACKSTEIN, ROSALINA		2.2 NAME	DESC.			,		
STREET ADDRESS			2.3 STREET ADD	l l	•				
CITY-ST-ZIP	MIAMI FL 33165	☐ DELETE	2.4 CITY-ST-ZIF 3.1 TITLE	<del>   </del>			☐ Change	Addition	
TITLE	SIMPSON, PATRICIA		3.2 NAME						
NAME STREET ADDRESS	AGEA M. ALICUICTA DD		3.3 STREET ADD	RES\$					
CITY-ST-ZIP	HAILEAH FL 33015		3.4. CITY-ST-ZIF						
TITLE	D	☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME	SACKSTEIN, ROSALINA DR.		4, 2 NAME						
STREET ADDRESS	s 5360 SW 87 AVE.		4.3 STREET ADD	RESS					
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIF				Chang	e	
TITLE	D	☐ DELETE	5.1 TITLE				Cionang		
NAME	TORRON, RITA		5.2 NAME 5.3 STREET ADD	RESS					
STREET ADDRESS			5.4 CITY-ST-ZIF				•		
CITY-ST-ZIP	MIAMI FL 33165	☐ DELETE	6.1 TITLE				Chang	e 🔲 Addition	
		<u></u>	6.2 NAME	İ				-	
NAME STREET ADDRESS	e		6.3 STREET ADD	RESS					
CITY-ST-7IP	3		6.4 CITY-ST-ZIF						

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 suppliemental 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, with all other like empowered.

SIGNATURE: