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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 746035 (5)
1. Corporation Name
MIAMI MUSIC TEACHERS FOUNDATION, INC.

Principal Place of Business: **C/O SIMPSON 6795 BROOKLINE DRIVE HIALEAH FL 33015**

Mailing Address: **C/O SIMPSON 6795 BROOKLINE DRIVE HIALEAH FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/22/1979** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1890244** 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**

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

21. **c/o Cuenca** 2a. Mailing Address: **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: **33013** 25. Country: **USA** 29. Zip: **33013** 30. Country: **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. City: **Hialeah** 84. State: **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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **TD**
NAME: **SIMPSON, PATRICIA**
STREET ADDRESS: **6795 BROOKLINE DR.**
CITY - ST - ZIP: **HIALEAH FL**

TITLE: **VD**
NAME: **DAWSON, WILLIAM**
STREET ADDRESS: **1470 NE 123 ST. #1005**
CITY - ST - ZIP: **N MIAMI 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: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **TD** Change Addition
NAME: **Patricia Simpson**
1.2 STREET ADDRESS: **6850 N. Augusta Dr.**
1.3 CITY - ST - ZIP: **Hialeah, FL 33015**

2.1 TITLE: _____ Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY - ST - ZIP: _____

3.1 TITLE: _____ Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY - ST - ZIP: _____

4.1 TITLE: _____ Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY - ST - ZIP: _____

5.1 TITLE: _____ Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY - ST - ZIP: _____

6.1 TITLE: _____ Change Addition
6.2 NAME: _____
6.3 STREET ADDRESS: _____
6.4 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 119.07(9)(a), 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 (Date) (Daytime Phone #)