

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

DOCUMENT # ~~742560~~ 746035
1. Corporation Name MIAMI MUSIC TEACHERS FOUNDATION, Inc.

500001822385
-05/15/96--01049--043
***61.25

Principal Place of Business: c/o CUENCA, 726 EAST 36 ST, HIALEAH, FL 33013-3146
Mailing Address: c/o CUENCA, 726 EAST 36 STREET, HIALEAH FL 33013-3146

3. Date Incorporated or Qualified: 2/22/1979
3a. Date of Last Report: 1995
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
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, 22 726 EAST 36 ST, 23 HIALEAH, FL, 24 33013, 25 USA
2a. Mailing Address: 26 c/o CUENCA, 27 726 EAST 36 ST, 28 HIALEAH, FL, 29 33013, 30 USA

9. Name and Address of Current Registered Agent
PATRICIA SIMPSON
6850 N. AUGUSTA DR
HIALEAH, FL 33015

10. Name and Address of New Registered Agent
81 Name: ~~CARMEN CUENCA~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~726 EAST 36 STREET~~
83
84 City: ~~HIALEAH~~ FL 85 Zip Code: ~~33015~~

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's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	(P)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ROBERT SCHULTZ		
1.3 STREET ADDRESS	7340 SW 82 STREET C-101		
1.4 CITY - ST - ZIP	MIAMI, FL 33143		
2.1 TITLE	(V)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ZELDA JENSEN		
2.3 STREET ADDRESS	154 W SWRISE AVE		
2.4 CITY - ST - ZIP	CORAL GABLES, FL 33133		
3.1 TITLE	(T)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	CARMEN CUENCA		
3.3 STREET ADDRESS	726 E 36 ST		
3.4 CITY - ST - ZIP	HIALEAH, FL 33013		
4.1 TITLE	(D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	DR ROSALINA SACESTEN		
4.3 STREET ADDRESS	5360 SW 87 AVE		
4.4 CITY - ST - ZIP	MIAMI FL 33165		
5.1 TITLE	(D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	RITA TORRON		
5.3 STREET ADDRESS	10352 SW 23 ST		
5.4 CITY - ST - ZIP	MIAMI FL 33165		
6.1 TITLE	(D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	FLORENCE KINNEY		
6.3 STREET ADDRESS	7705 CAMINO REAL 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: Carmen Cuenca (+) 4/9/96 305-691-0725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
305-380-3891

CR2E037 (12/95)