

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 746035
1. Corporation Name: MIAMI MUSIC TEACHERS FOUNDATION, INC.

Principal Place of Business: c/o CARMEN CUENCA, P.O. Box 16-1209, MIAMI, FL 33116-1209
Mailing Address: c/o CARMEN CUENCA, P.O. Box 16-1209, MIAMI, FL 33116-1209

21. Principal Place of Business	2a. Mailing Address
21. c/o CUENCA	2a. c/o CUENCA
22. 8810 SW 17 STREET	27. 8810 SW 17 STREET
23. MIAMI / FL 33165	28. MIAMI / FL 33165
24. 33165	29. 33165
25. USA	30. USA

3. Date Incorporated or Qualified	3a. Date of Last Report
2/22/1979	5/5/1996
4. FEI Number	Applied For
59-1890244	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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
JIMPMON, PATRICIA
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)	8810 SW 17 STREET
83.	
84. City	MIAMI
85. Zip Code	FL 33165

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:  DATE: _____

12. CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	ROBERT SCHULTZ	8200 SW 102 ST	MIAMI, FL 33166
VICE PRESIDENT	ZELDA JENSEN	154 W. SUNRISE AVE	CORAL GABLES, FL 33133
TREASURER	CARMEN CUENCA	8810 SW 17 ST	MIAMI, FL 33165
DIRECTOR	ROSALINA SACKSTEIN	5360 SW 87 AVENUE	MIAMI, FL 33165
DIRECTOR	RITA TORRON	10352 SW 23 ST.	MIAMI, FL 33165
DIRECTOR	PATRICIA SIMPSON	6850 N. AUGUSTA DR.	HIALEAH, FL 33015

14. I do 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:  DATE: March 28 1997 (305) 554-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #
 (305) 380-3891

CR2E037 (9/96)