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



Principal Place of Business C/O CUENCA 8810 S.W. 17TH STREET MIAMI FL 33165 US	Mailing Address C/O CUENCA 8810 S.W. 17TH STREET MIAMI FL 33165 US
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3. Date Incorporated or Qualified 02/22/1979	
4. FEI Number 59-1890244	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$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 Suite, Apt. #, etc. 22 6850 N. Augusta Dr. City & State 23 Hialeah, FL Zip 24 33015	2a. Mailing Address 25 c/o Simpson Suite, Apt. #, etc. 26 6850 N. Augusta Dr. City & State 27 Hialeah, FL Zip 28 33015	Country 25 US	Country 28 US
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9. Name and Address of Current Registered Agent
CUENCA, CARMEN
C/O CUENCA
8810 S.W. 17TH STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent
81 Name Patricia Simpson
82 Street Address (P.O. Box Number is Not Acceptable)
83 6850 N. Augusta Dr.
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: Patricia Simpson DATE: 4-1-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, ROBERT	
STREET ADDRESS	8200 S.W. 102ND ST.	
CITY-ST-ZIP	MIAMI FL 33158	
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	8810 S.W. 17TH ST.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SACKSTEIN, ROSALINA	
STREET ADDRESS	5380 S.W. 87TH AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TORRON, RITA	
STREET ADDRESS	10352 SW 23 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMPSON, PATRICIA	
STREET ADDRESS	6850 N AUGUSTA DR	
CITY-ST-ZIP	HIALEAH FL 33015	

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 checked="" 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	T/D	<input checked="" 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)