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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750878** (1)

1. Corporation Name

MIAMI BOARD OF REALTORS EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

2050 CORAL WAY #200
MIAMI FL 33145

2050 CORAL WAY #200
MIAMI FL 33145-2636



3. Date Incorporated or Qualified 01/31/1980	3a. Date of Last Report 01/25/1996
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2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINNEY, TERESA KING
2050 CORAL WAY
MIAMI FL 33145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 617.0502, Florida Statutes.

SIGNATURE **Teresa King Kinney**

Teresa King Kinney

4/22/97

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP PD	☐ DELETE
NAME	VEISSI, MAURICE	
STREET ADDRESS	7800 SW 57 AVENUE #329	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	PD	☒ DELETE
NAME	STEINBAUER, JOHN R.	
STREET ADDRESS	6356 MANOR LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	VALLEDOR, ROBERT	
STREET ADDRESS	1450 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☒ DELETE
NAME	DIXON, TOM	
STREET ADDRESS	2424 S DIXIE HIGHWAY #300	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	☐ DELETE
NAME	KINNEY KING, TERESA	
STREET ADDRESS	2050 CORAL WAY #200	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	SD Hogan, Nancy B.
4.3 STREET ADDRESS	1500 San Remo Ave. #110
4.4 CITY-ST-ZIP	Coral Gables, FL 33146
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	VP Rosen Kenneth D.
6.3 STREET ADDRESS	1550 Madruga Ave., 3rd Floor
6.4 CITY-ST-ZIP	Coral Gables, FL 33146

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: **Teresa King Kinney** *Teresa King Kinney* **4-22-97** (305) 854-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030308

CR2E037 (9/96)