

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 # 766151 (5)

1. Corporation Name

MIAMI CHAPTER OF CONSTRUCTION SPECIFICATIONS INSTITUTE, INC.



Principal Place of Business

Mailing Address

848 NE 100 ST
MIAMI FL 33138
US

848 NE 100 ST
MIAMI FL 33157
US

3. Date Incorporated or Qualified 12/15/1982
3a. Date of Last Report 02/03/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2797273	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAFMEISTER
848 NE 100 ST
MIAMI SHORES FL 33157

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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ-ALONSO, PEDRO	1.2 NAME	Carole E. Schafmeister
STREET ADDRESS	2601 S. BAYSHORE DRIVE, 10TH FLOOR	1.3 STREET ADDRESS	848 NE 100 St.
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	PE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFMEISTER, CAROLE	2.2 NAME	Paul Buzinec
STREET ADDRESS	848 N.E. 100 STREET	2.3 STREET ADDRESS	150 Alhambra Circle #1250
CITY-ST-ZIP	MIAMI FL 33138	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUZINEC, PAUL A.	3.2 NAME	David Truesdell
STREET ADDRESS	2355 SALZEDO STREET #202	3.3 STREET ADDRESS	14817 SW 124 Place
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Miami, FL 33185
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUESDELL, DAVID E.	4.2 NAME	Mark Carpenter
STREET ADDRESS	14818 SW 124TH PL.	4.3 STREET ADDRESS	1400 NE 101 ST
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERMAN, LEE	5.2 NAME	Mark Wynemer
STREET ADDRESS	5040 SW 87TH COURT	5.3 STREET ADDRESS	5879 Sunset Dr., Suite 2
CITY-ST-ZIP	MIAMI FL 33165	5.4 CITY-ST-ZIP	Miami, FL 33147
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, MARK D.	6.2 NAME	Juan Corbella
STREET ADDRESS	15345 SW 88TH AVE.	6.3 STREET ADDRESS	7400 SW 74 Terr., #24
CITY-ST-ZIP	MIAMI FL 33157	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: Carole E. Schafmeister 1/16/96 305-592-9574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)