

FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 8:32

DOCUMENT # N04546 (0)

1. Corporation Name

MIAMI LAKES MAIN STREET MERCHANTS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~-% CHARLES TAYLOR -~~
6843 MAIN ST
MIAMI LAKES FL 33014-2048

~~-% CHARLES TAYLOR -~~
6843 MAIN ST
MIAMI LAKES FL 33014-2048

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/30/1984	3a. Date of Last Report 08/17/1994
4. FEI Number 59-2504849	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ESPAILLAT, JENNIFER
6843 MAIN STREET
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	HAMILTON, JIM
STREET ADDRESS	6709 MAIN STREET
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	P
NAME	PLOTKIN, SHARON
STREET ADDRESS	6731 MAIN ST
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	D
NAME	ESPAILLAT, JENNIFER
STREET ADDRESS	6843 MAIN ST
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	E
NAME	EWING, CAREY
STREET ADDRESS	6840 MAIN ST
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	T
NAME	BALCH, RICHARD
STREET ADDRESS	6850 MAIN ST
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Deleted
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 checked, or on an attachment with no address.

SIGNATURE: *Richard W. Balch* Treasurer Date: 6/16/95 (301) 944-2050