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Mar 06 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 # N38421 (6)

1. Corporation Name
EASTERN AIRLINES RETIREES ASSOCIATION, INC.



Principal Place of Business
4491 NW 36TH ST
SUITE B
MIAMI FL 33166
US

Mailing Address
% PAUL G. MERCER
700 S ROYAL POINCIANA BLVD. #502
MIAMI SPRINGS FL 33166-6800

3. Date Incorporated or Qualified 05/29/1990
3a. Date of Last Report 02/19/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number 59-2613167
Applied For Not Applicable

22 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERCER, PAUL G.
700 S ROYAL POINCIANA BLVD
#502
MIAMI SPRINGS FL 33166

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 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 TD DELETE
NAME PFISTER C. DOUGLAS
STREET ADDRESS 7211 SW 132ND STREET
CITY-ST-ZIP MIAMI FL

TITLE D DELETE
NAME WOODWARD, WILLIAM
STREET ADDRESS 396 PAYNE DR
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE PD DELETE
NAME DEROSE, JOHN
STREET ADDRESS 13795-4 SW 147 CIR LN
CITY-ST-ZIP MIAMI FL

TITLE VPD DELETE
NAME BORRELLI, VITO
STREET ADDRESS 10229 SW 57TH CT
CITY-ST-ZIP COOPER CITY FL

TITLE PD DELETE
NAME DEROSE, JOHN
STREET ADDRESS 7414-A NOTRE DAME DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D DELETE
NAME HACH, BOB
STREET ADDRESS 987 NE 96 ST
CITY-ST-ZIP MIAMI SHORES FL

1.1 TITLE Change Addition
1.2 NAME VITO BORRELLI
1.3 STREET ADDRESS 10229 SW 57 CT
1.4 CITY-ST-ZIP COOPER CITY, FL 33328

2.1 TITLE Change Addition
2.2 NAME VPD AUGUST F BARONE
2.3 STREET ADDRESS 2145 S.W. 117th ST
2.4 CITY-ST-ZIP MIAMI, FL 33135-5001

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Vito Borrelli REQUIRED 2/28/97 305 894-6132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032020

CR2E037 (9/96)