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**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90180 024 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005466**

1. Corporation Name  
**CITY OF NORTH MIAMI EMPLOYEES' ASSISTANCE TRUST FUND, INC.**

Principal Place of Business N. MIAMI CITY HALL-PERSONNEL DIRECTOR 776 NE 125TH ST. N. MIAMI FL 33161	Mailing Address N. MIAMI CITY HALL-PERSONNEL DIRECTOR 776 NE 125TH ST. N. MIAMI FL 33161
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/24/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0758530
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**GEIMER, JEFFERSON**  
**776 NE 125TH ST.**  
**NO MIAMI FL 33161**

10. Name and Address of New Registered Agent

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	EMILIEN, MARIE	
STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, KATIE	
STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FALESTRA, DEBORAH	
STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	DCP	<input type="checkbox"/> DELETE
NAME	GEIMER, JEFFERSON	
STREET ADDRESS	N. MIAMI CITY HALL, 776 NE 125TH ST.	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VEGANET CURRY	
2.3 STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST	
2.4 CITY-ST-ZIP	N MIAMI, FL 33161	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KALISTI UONG	
5.3 STREET ADDRESS	776 NE 125 ST	
5.4 CITY-ST-ZIP	N MIAMI, FL 33161	
6.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PAWE STINSON	
6.3 STREET ADDRESS	N MIAMI CITY HALL, 776 NE 125 ST	
6.4 CITY-ST-ZIP	N MIAMI, FL 33161	

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, with all other like empowered.

SIGNATURE: *Jefferson Geimer* SIGNATURE REQUIRED 4/12/99 (305) 893-6511  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)