FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 8:29

DOCUMENT # 701996 (1)

1. Corporation Name

THE GREATER MIAMI TAX INSTITUTE INC.

Principal Place of Business	Mailing Address
C/O MARTIN L SCHECKNER 9130 S DADELAND BLVD STE 1801 MIAMI FL 33156 US	C/O MICHAEL DESIATO/ MCCLAIN AND CO 200 S BISCAYNE BLVD. #2800 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1961
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-6154971 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 C/O MICHAEL DESIATO/MC CLAIN AND CO.	26 MCCLAIN AND CO. C/O MICHAEL DESIATO
Suite, Apt. #, etc. 22 200 S. BISCAYNE BLVD, #1700	Suite, Apt. #, etc. 27 200 S. BISCAYNE BLVD #1700
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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
SCHEKNER, MARTIN L. 9130 S DADELAND BLVD #1801 MIAMI FL 33156	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 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 _____ 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	SD	11 TITLE	P	☒ Change ☐ Addition
NAME	STEIN, BERNARD D	12 NAME		
STREET ADDRESS	111 NE 1ST STREET	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE	VP	☒ Change ☐ Addition
NAME	ROSENBERG, MICHAEL	22 NAME		
STREET ADDRESS	1500 SAN REMO AVE	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	VP	☒ Change ☐ Addition
NAME	DICK, BARRY J.	32 NAME	PEGGY HOLLANDER	
STREET ADDRESS	3050 BISCAYNE BLVD	33 STREET ADDRESS	9130 S. DADELAND BLVD, #1400	
CITY ST ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	MIAMI FLA 33156	
TITLE	VD	41 TITLE	SD	☒ Change ☐ Addition
NAME	DESAITO, MICHAEL	42 NAME	STEPHEN DANNER	
STREET ADDRESS	200 S BISCAYNE BLVD	43 STREET ADDRESS	1101 Brickell Ave #1402	
CITY ST ZIP	MIAMI, FL 00000	44 CITY ST ZIP	MIAMI, Florida 33131	
TITLE	VD	51 TITLE	TD	☒ Change ☐ Addition
NAME	PANOFF, ROBERT E.	52 NAME	THOMAS O. WELLS.	
STREET ADDRESS	9400 S DADELAND BLVD	53 STREET ADDRESS	1401 Brickell Ave #700	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	MIAMI, Florida 33131	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	SCHECKNER, MARTIN L.	62 NAME	MICHAEL DESIATO	
STREET ADDRESS	9130 S DADELAND BLVD	63 STREET ADDRESS	200 S. Biscayne Blvd #1700	
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP	MIAMI, Florida 33131	

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)(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: M. DeSiato MICHAEL DESIATO 5/5/95 (305) 377-8867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006003