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May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701996** (1)

THE GREATER MIAMI TAX INSTITUTE INC.



Principal Place of Business <b>C/O MARTIN L SCHECKNER 9130 S DADELAND BLVD STE 1801 MIAMI FL 33156 US</b>	Mailing Address <b>C/O MICHAEL DESIATO/ MCCLAIN AND CO 200 S BISCAYNE BLVD. #2800 MIAMI FL 33131 US</b>
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21. Principal Place of Business <b>90 MICHAEL DESIATO</b>	2a. Mailing Address <b>SUITE 1700</b>
22. Suite, Apt. #, etc. <b>200 S. BISCAYNE BLVD #1700</b>	27. Suite, Apt. #, etc. <b>SUITE 1700</b>
23. City & State <b>MIAMI, FLORIDA</b>	28. City & State <b>MIAMI, FLORIDA</b>
24. Zip <b>33131</b>	29. Zip <b>33131</b>
25. Country <b>USA</b>	30. Country <b>USA</b>

3. Date Incorporated or Qualified <b>02/06/1961</b>
4. FEI Number <b>59-6154971</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>SCHECKNER, MARTIN L. 9130 S DADELAND BLVD #1801 MIAMI FL 33156</b>
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10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<b>P/D</b>
NAME	<b>STEIN, BERNARD D</b>	1.2 NAME	<b>STEPHEN DANNER</b>
STREET ADDRESS	<b>111 NE 1ST STREET</b>	1.3 STREET ADDRESS	<b>1101 BRICKELL AVE, Suite 1402</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
TITLE	TD	2.1 TITLE	<b>VD</b>
NAME	<b>ROSENBERG, MICHAEL</b>	2.2 NAME	<b>THOMAS O. WELLS</b>
STREET ADDRESS	<b>1500 SAN REMO AVE</b>	2.3 STREET ADDRESS	<b>100 SOUTHERST 2ND Street, Suite 2800</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
TITLE	PD	3.1 TITLE	<b>VD</b>
NAME	<b>DICK, BARRY J.</b>	3.2 NAME	<b>PAUL H. COMMINGS</b>
STREET ADDRESS	<b>3050 BISCAYNE BLVD</b>	3.3 STREET ADDRESS	<b>1428 BRICKELL Avenue 4th floor</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
TITLE	VD	4.1 TITLE	<b>SD</b>
NAME	<b>DESAITO, MICHAEL</b>	4.2 NAME	<b>BARRY NELSON</b>
STREET ADDRESS	<b>200 S BISCAYNE BLVD</b>	4.3 STREET ADDRESS	<b>1949 S BISCAYNE BLVD, Suite 609</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	4.4 CITY-ST-ZIP	<b>N. MIAMI BEACH, FLORIDA 33180</b>
TITLE	VD	5.1 TITLE	<b>TD</b>
NAME	<b>PANOFF, ROBERT E.</b>	5.2 NAME	<b>CLIFFORD B. AIN</b>
STREET ADDRESS	<b>9400 S DADELAND BLVD</b>	5.3 STREET ADDRESS	<b>2650 N.E 189 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>AVONURA, FLORIDA 33180</b>
TITLE	D	6.1 TITLE	<b>D</b>
NAME	<b>SCHECKNER, MARTIN L.</b>	6.2 NAME	<b>MICHAEL DESIATO</b>
STREET ADDRESS	<b>9130 S DADELAND BLVD</b>	6.3 STREET ADDRESS	<b>200 S. BISCAYNE BLVD STE 1700</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>

1.1 TITLE	<b>P/D</b>
1.2 NAME	<b>STEPHEN DANNER</b>
1.3 STREET ADDRESS	<b>1101 BRICKELL AVE, Suite 1402</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
2.1 TITLE	<b>VD</b>
2.2 NAME	<b>THOMAS O. WELLS</b>
2.3 STREET ADDRESS	<b>100 SOUTHERST 2ND Street, Suite 2800</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
3.1 TITLE	<b>VD</b>
3.2 NAME	<b>PAUL H. COMMINGS</b>
3.3 STREET ADDRESS	<b>1428 BRICKELL Avenue 4th floor</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
4.1 TITLE	<b>SD</b>
4.2 NAME	<b>BARRY NELSON</b>
4.3 STREET ADDRESS	<b>1949 S BISCAYNE BLVD, Suite 609</b>
4.4 CITY-ST-ZIP	<b>N. MIAMI BEACH, FLORIDA 33180</b>
5.1 TITLE	<b>TD</b>
5.2 NAME	<b>CLIFFORD B. AIN</b>
5.3 STREET ADDRESS	<b>2650 N.E 189 ST</b>
5.4 CITY-ST-ZIP	<b>AVONURA, FLORIDA 33180</b>
6.1 TITLE	<b>D</b>
6.2 NAME	<b>MICHAEL DESIATO</b>
6.3 STREET ADDRESS	<b>200 S. BISCAYNE BLVD STE 1700</b>
6.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>

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.

SIGNATURE: *Michael Desiato* **MICHAEL DESIATO** 4-23-98 (305) 377-8667

CP2E037 (10/97)