

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 JUN 10 1995

DOCUMENT # 701996 (1)

1. Corporation Name
THE GREATER MIAMI TAX INSTITUTE INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O MARTIN L SCHECKNER
9130 S DADELAND BLVD STE 1801
MIAMI FL 33156
US

Mailing Address: C/O MICHAEL DESIATO/ MCCLAIN AND CO
200 S BISCAYNE BLVD. #2800
MIAMI FL 33131
US

3. Date Incorporated or Qualified: 02/08/1961
3a. Date of Last Report: 07/12/1994

4. FEI Number: 59-6154971
Applied For: Not Applicable

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

2. Principal Place of Business: 21 40 MICHAEL DESIATO/MCCLAIN AND CO.
22 200 S. BISCAYNE BLVD, #1700
23 MIAMI FLORIDA.24 33131 25 USA

2a. Mailing Address: 26 40 MICHAEL DESIATO
27 200 S. BISCAYNE BLVD #1700
28 MIAMI FLORIDA
29 33131 30 USA

9. Name and Address of Current Registered Agent
SCHEKNER, MARTIN L.
9130 S DADELAND BLVD #1801
MIAMI FL 33156

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

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 resigning) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	STEIN, BERNARD D
STREET ADDRESS	111 NE 1ST STREET
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	ROSENBERG, MICHAEL
STREET ADDRESS	1500 SAN REMO AVE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	PD
NAME	DICK, BARRY J.
STREET ADDRESS	3050 BISCAYNE BLVD
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	VD
NAME	DESAITO, MICHAEL
STREET ADDRESS	200 S BISCAYNE BLVD
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	VD
NAME	PANOFF, ROBERT E.
STREET ADDRESS	9400 S DADELAND BLVD
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SCHECKNER, MARTIN L.
STREET ADDRESS	9130 S DADELAND BLVD
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PEGGY HOLLANDER
33 STREET ADDRESS	9130 S. DADELAND BLVD, #1400
34 CITY - ST - ZIP	MIAMI FLA 33136
41 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	STEPHEN DANNER
43 STREET ADDRESS	1101 Brickell Ave # 1402
44 CITY - ST - ZIP	MIAMI, Florida 33131
51 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	THOMAS O. WELLS
53 STREET ADDRESS	1401 Brickell Ave # 700
54 CITY - ST - ZIP	MIAMI, Florida 33131
61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	MICHAEL DESIATO
63 STREET ADDRESS	200 S. BISCAYNE BLVD #1700
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 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 changed, or on an attachment with an address.

SIGNATURE: Michael Desiato MICHAEL DESIATO 5/5/95 (205)377-8167