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Jan 30 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 # 701996 (1)

1. Corporation Name

THE GREATER MIAMI TAX INSTITUTE INC.

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 33131-2335
US



3. Date Incorporated or Qualified
02/06/1961

3a. Date of Last Report
05/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

9. Name and Address of Current Registered Agent

SCHECKNER, MARTIN L.
9130 S DADELAND BLVD #1801
MIAMI FL 33156

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME STEIN, BERNARD D
STREET ADDRESS 111 NE 1ST STREET
CITY- ST- ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME ROSENBERG, MICHAEL
STREET ADDRESS 1500 SAN REMO AVE
CITY- ST- ZIP CORAL GABLES FL

TITLE PD ☐ DELETE

NAME DICK, BARRY J.
STREET ADDRESS 3050 BISCAYNE BLVD
CITY- ST- ZIP MIAMI, FL 00000

TITLE VD ☐ DELETE

NAME DESAITO, MICHAEL
STREET ADDRESS 200 S BISCAYNE BLVD
CITY- ST- ZIP MIAMI, FL 00000

TITLE VD ☐ DELETE

NAME PANOFF, ROBERT E.
STREET ADDRESS 9400 S DADELAND BLVD
CITY- ST- ZIP MIAMI FL

TITLE D ☐ DELETE

NAME SCHECKNER, MARTIN L.
STREET ADDRESS 9130 S DADELAND BLVD
CITY- ST- ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

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:

1-31-97

6251377-417

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