

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 703972**

1. Corporation Name

**MIAMI FIRE FIGHTER'S RELIEF FUND, INC.**

Principal Place of Business  
**2980 N.W. SOUTH RIVER DRIVE  
MIAMI FL 33125**

Mailing Address  
**2980 N.W. SOUTH RIVER DRIVE  
MIAMI FL 33125**

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

05-06-1999 90172 043 \*\*\*\*70.00

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/01/1962</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1085099</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	Trust Fund Contribution			
25	30				

9. Name and Address of Current Registered Agent

**FLORES, THOMAS  
2980 N.W. SOUTH RIVER DRIVE  
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P CAMP, GERALD</b>	1.2 NAME	
STREET ADDRESS	<b>1090 WILSHIRE CIRCLE E</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D DAGNON, GARG</b>	2.2 NAME	<b>Clark David</b>
STREET ADDRESS	<b>7900 SW 97 STREET</b>	2.3 STREET ADDRESS	<b>902 NW 106 Ave circle</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33172</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D GOMEZ, JOHN</b>	3.2 NAME	<b>Winchester William</b>
STREET ADDRESS	<b>17571 NW 12 ST</b>	3.3 STREET ADDRESS	<b>20320 NW 8 ST</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	3.4 CITY-ST-ZIP	<b>Pembroke Pines FL 33029</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D GUARDARRAMA, JERRY</b>	4.2 NAME	
STREET ADDRESS	<b>8755 S.W. 58 STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PICCIANO, DALE</b>	5.2 NAME	
STREET ADDRESS	<b>538 ZAMORA AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)