

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

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95 FEB -3 AM 11:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 708826 (3)
1. Corporation Name
CERAMIC LEAGUE OF MIAMI, INC.

Principal Place of Business Mailing Address
6873 S.W. 129TH STREET MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/19/1965** 3a. Date of Last Report **02/11/1994**
4. FEI Number **59-1060568** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**SHAW, PAUL
199 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149**

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 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TANNEN, PHYLIS
STREET ADDRESS	8446 S.W. 66 PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	GREENE, JACK
STREET ADDRESS	15040 S.W. 85 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	FOLEY, RAM
STREET ADDRESS	4755 NW 7 MANOR
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	VD
NAME	CALLANDER, ALICIA
STREET ADDRESS	4920 S.W. 76TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	SCHLESSER, CAROLYN
STREET ADDRESS	217 E. RIDGE VILLAGE DR.
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	SHAW, PAUL
STREET ADDRESS	199 OCEAN LANE DR.
CITY - ST - ZIP	KEY BISCAYNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/R Debra Samek Sontag
1.3 STREET ADDRESS	8825 SW 185 Terrace
1.4 CITY - ST - ZIP	Miami, FL 33157
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/D Juanita May
2.3 STREET ADDRESS	1959 Tigertrail Ave.
2.4 CITY - ST - ZIP	Miami, FL 33133
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S/D Mary Blakley
3.3 STREET ADDRESS	P.O. Box 900970
3.4 CITY - ST - ZIP	Homestead, FL 33090
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Paul Shaw Paul Shaw Treas 2/1/95 (305) 361-7522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR