

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709798 (3)
1. Corporation Name
CORAL GABLES EMPLOYEES' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10680 NW 25 ST., STE 202 MIAMI FL 33172
10680 NW 25 ST., STE 202 MIAMI FL 33172

3. Date Incorporated or Qualified 10/22/1965 3a. Date of Last Report 02/15/1994
4. FEI Number 59-1676537 Applied For Not Applicable
5. Certificate of Status Desired \$0.75 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. 169.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26 P.O. BOX 140981
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27 City & State City & State
23 28 CORAL GABLES FL
Zip Country Zip Country
24 25 29 33134 30 USA

9. Name and Address of Current Registered Agent
SLESNICK, DONALD D. II
10680 NW 25 ST., STE 202
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name JAMES C. CASEY
82 Street Address (P.O. Box Number is Not Acceptable) 10680 NW 25 ST., STE 202
83
84 City MIAMI FL 85 Zip Code 33172

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 *James C. Casey* 4/25/95
Signature, typed or printed name of registered agent and title if applicable (Typed Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME WASHINGTON, JACK
STREET ADDRESS 14700 SW 108 AVE.
CITY - ST - ZIP MIAMI, FL 00000
TITLE V
NAME SMITH, MARVIN
STREET ADDRESS 11271 DOUGLAS DR.
CITY - ST - ZIP MIAMI, FL 00000
TITLE SD
NAME SPIVEY, JEANIE A.
STREET ADDRESS 3062 CRTER STREET
CITY - ST - ZIP MIAMI FL
TITLE TD
NAME JERVIS, MARJIE K.
STREET ADDRESS 7830 SW 148TH AVENUE
CITY - ST - ZIP MIAMI FL
TITLE V
NAME BARTLETT, MICHAEL
STREET ADDRESS 2950 NW 101 ST.
CITY - ST - ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME SMITH, MARVIN
1.3 STREET ADDRESS 14532 sw 107 PL
1.4 CITY - ST - ZIP MIAMI FL 33176
2.1 TITLE V Change Addition
2.2 NAME JEANIE SPIVEY
2.3 STREET ADDRESS 20715 GULFSTREAM DR.
2.4 CITY - ST - ZIP MIAMI FL 33189
3.1 TITLE V Change Addition
3.2 NAME WESTBROOK, CHARLES
3.3 STREET ADDRESS 7766 NW 15 AVE
3.4 CITY - ST - ZIP MIAMI FL 33147
4.1 TITLE TD Change Addition
4.2 NAME MILLINGS, SHANTELL
4.3 STREET ADDRESS 14322 SW 110 AVE
4.4 CITY - ST - ZIP MIAMI FL 33176
5.1 TITLE SD Change Addition
5.2 NAME WALLACE, SYLVIA
5.3 STREET ADDRESS 11250 SW 138 TERR.
5.4 CITY - ST - ZIP MIAMI FL 33176
6.1 TITLE
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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marvin Smith* - MARVIN SMITH 4/25/95 (305) 586-8734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #