

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737905 (0)
1. Corporation Name
DADE COUNTY RETIRED TEACHERS ASSOCIATION, INC.

Principal Place of Business

13500 NE 3 CT
SUITE 40
NO MIAMI FL 33161
US

Mailing Address

P O BOX 611747
MIAMI FL 33261
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 PM 12:38



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 165 N.E. 162 Street		26 Same		02/03/1977		03/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Miami, FL 33162		27		59-2353602		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 33162		25 USA		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
26		30					

9. Name and Address of Current Registered Agent

FISCHEN, ADAM W
13500 NE 3 CT
SUITE 420
NO MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
Emily P. Warren
82 Street Address (P.O. Box Number is Not Acceptable)
165 N. E. 162 Street
83
84 City
Miami
85 Zip Code
FL 33162

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 *Emily P. Warren*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-20-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	HODGES, VERNA R.	1.2 NAME	
STREET ADDRESS	365 NE 115 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	F	2.1 TITLE	
NAME	FISCHER, ADAM W.	2.2 NAME	Treasurer
STREET ADDRESS	13500 N.E. 3RD COURT #420	2.3 STREET ADDRESS	Louise G. Syrcle
CITY-ST-ZIP	N. MIAMI FL	2.4 CITY-ST-ZIP	8345 S. W. 152 Street
TITLE	D	3.1 TITLE	
NAME	EVE, CHRISTINA M.	3.2 NAME	
STREET ADDRESS	586 N.W. 48TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SC	4.1 TITLE	
NAME	DAVIS, LILLIAN	4.2 NAME	
STREET ADDRESS	3261 N. W. 43RD TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	WARREN, EMILY P.	5.2 NAME	
STREET ADDRESS	165 N. E. 162ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	GRAHAM, MARY M.	6.2 NAME	
STREET ADDRESS	1700 NE 105 ST, #309	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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:

Emily P. Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/96

Date

305 947-7020

Daytime Phone #

CR2E037 (3/96)