

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 757006 (2)

1. Corporation Name
THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.



Principal Place of Business: 200 S. BISCAYNE BLVD. 5300 SOUTHEAST FINANCIAL CENTER MIAMI FL 33131-2339
Mailing Address: 200 S. BISCAYNE BLVD. 5300 SOUTHEAST FINANCIAL CENTER MIAMI FL 33131-2339

3. Date Incorporated or Qualified: 02/17/1981
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
		26			65-0231220	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	\$8.75 Additional Fee Required
		28	City & State			
23	City & State	29	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30	City & State			
24	Zip	25	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZELEK, MARK E.
200 S. BISCAYNE BLVD.
5300 S.E. FINANCIAL CENTER
MIAMI FL 33131-2339

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	BODIE, LEONA D	1.2 NAME	WYSONG, LIZ
STREET ADDRESS	11960 SW 144TH ST.	1.3 STREET ADDRESS	11400 N.W. 32 AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33054
TITLE	VP	2.1 TITLE	P
NAME	KRESSEL, ROBERTA	2.2 NAME	
STREET ADDRESS	777 BRICKELL AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	CAPALDO, LYNN	3.2 NAME	
STREET ADDRESS	3750 NW 87TH AVE., SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T
NAME	DODDS, ALDRICK H	4.2 NAME	RON NORRIS, RONALD
STREET ADDRESS	11800 SW 147TH AVE.	4.3 STREET ADDRESS	12805 N.W. 42 AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	D	5.1 TITLE	D
NAME	LOO, CAROL ANN	5.2 NAME	FLYNN, CAROL
STREET ADDRESS	1801 SW 1 STREET	5.3 STREET ADDRESS	1118 N.W. 159 DR
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D	6.1 TITLE	D
NAME	PEREZ-LAUDY, EDALINA	6.2 NAME	HERR, MELIADA
STREET ADDRESS	801 NE 167 STFL	6.3 STREET ADDRESS	14425 S.W. 92 CT
CITY-ST-ZIP	N MIAMI BEACH FL	6.4 CITY-ST-ZIP	MIAMI, FL 33169

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: Ronald Norris 3/16/96 (305) 688-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)