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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
200 S. BISCAYNE BLVD. 200 S. BISCAYNE BLVD.
5300 SOUTHEAST FINANCIAL CENTER 5300 SOUTHEAST FINANCIAL CENTER
MIAMI FL 33131-2339 MIAMI FL 33131-2310

3. Date Incorporated or Qualified 02/17/1981 3a. Date of Last Report 03/21/1996
4. FEI Number 65-0231220 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
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 Country 28 Zip Country
24 25 29 30

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 FL 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
TITLE P DELETE
NAME WYSONG, LIZ
STREET ADDRESS 16400 NW 32 AVENUE
CITY-ST-ZIP MIAMI FL
TITLE P DELETE
NAME KRESSEL, ROBERTA
STREET ADDRESS 777 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL
TITLE S DELETE
NAME CAPALDO, LYNN
STREET ADDRESS 3750 NW 87TH AVE., SUITE 300
CITY-ST-ZIP MIAMI FL
TITLE T DELETE
NAME NORRIS, RONALD
STREET ADDRESS 12805 NW 42 AVENUE
CITY-ST-ZIP OPS-LOCKA FL
TITLE D DELETE
NAME FLYNN, CAROL
STREET ADDRESS 1118 NW 159 DRIVE
CITY-ST-ZIP MIAMI FL
TITLE D DELETE
NAME HERR, MELINDA
STREET ADDRESS 14425 SW 92 COURT
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE DIRECTOR Change Addition
1.2 NAME MARGUILES, LYNN
1.3 STREET ADDRESS ONE S.E. 3 AVE
1.4 CITY-ST-ZIP MIAMI, FL 33131
2.1 TITLE DIRECTOR Change Addition
2.2 NAME STINSON, SUSAN
2.3 STREET ADDRESS 1010 WREN AVE
2.4 CITY-ST-ZIP MIAMI SPRINGS, FL 33166
3.1 TITLE DIRECTOR Change Addition
3.2 NAME CASTILLO-FRICK, ILFANA
3.3 STREET ADDRESS 701 BRICKELL AVE.
3.4 CITY-ST-ZIP MIAMI, FL 33131
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE PRESIDENT-ELECT Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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 D. Norris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/8/97 (305) 688-3571 Daytime Phone # 0026538

CP2E037 (9/96)