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May 20 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 # **766151** **(5)**

1. Corporation Name

MIAMI CHAPTER OF CONSTRUCTION SPECIFICATIONS INS TITUTE, INC.

Principal Place of Business	Mailing Address
848 NE 100 ST MIAMI FL 33138 US	848 NE 100 ST MIAMI FL 33138-2512 US

3. Date Incorporated or Qualified: **12/15/1982**
3a. Date of Last Report: **02/26/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2797273** ☐ 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

9. Name and Address of Current Registered Agent

SCHAFMEISTER
848 NE 100 ST
MIAMI SHORES FL 33157

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	SCHAFMEISTER, CAROLE		1.2 NAME	HARRIS, PAT	
STREET ADDRESS	848 NE 100 STREET		1.3 STREET ADDRESS	8700 W. FLAGLER, #200	
CITY-ST-ZIP	MIAMI SHORES FL		1.4 CITY-ST-ZIP	MIAMI, FL 33174-2428	
TITLE	PE	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	BUZINEC, PAUL		2.2 NAME		
STREET ADDRESS	150 ALHAMBRA CIRCLE #1250		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	PE	☒ Change ☐ Addition
NAME	TRUESDELL, DAVID		3.2 NAME		
STREET ADDRESS	14817 SW 124 PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	CARPENTER, MARK		4.2 NAME	MOORE, LAURA	
STREET ADDRESS	1400 NE 101 STREET		4.3 STREET ADDRESS	8700 W. FLAGLER #200	
CITY-ST-ZIP	MIAMI SHORES FL		4.4 CITY-ST-ZIP	MIAMI, FL 33174-2428	
TITLE	SD	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	WYNEMER, MARK		5.2 NAME		
STREET ADDRESS	5879 SUNSET DRIVE STE 2		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	CORBELLA, JUAN		6.2 NAME		
STREET ADDRESS	7400 SW 74 TERRACE #24		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Laura Moore LAURA MOORE 3.19.97 305/551-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0029488