FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:13

DOCUMENT # N05436 (3)

1. Corporation Name
MIAMI SR. HIGH BAND PARENTS ASSOCIATION INC.

Principal Place of Business	Mailing Address
2450 SW 1ST STREET MIAMI FL 33135	2450 SW 1ST STREET MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1984
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2140055 ☐ 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
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. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

TEMINO, IDANIA
2956 S.W. THIRD STREET
MIAMI FL 33135

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	LOPUEZ-GUERRERO, TERESA	1.2 NAME	LOPUEZ-GUERRERO, TERESA	
STREET ADDRESS	5350 S.W. 84TH STREET	1.3 STREET ADDRESS	5350 S.W. 84th Street	
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	MIAMI, FL. 33143	
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	STEDNICK, ADELA	2.2 NAME	STEDNICK, ADELA	
STREET ADDRESS	5870 S.W. FIFTH TERRACE	2.3 STREET ADDRESS	5870 S.W. Fifth Terrace	
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE	TD	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	TEMINO, IDANIA	3.2 NAME	TEMINO, IDANIA	
STREET ADDRESS	2956 S.W. 3RD STREET	3.3 STREET ADDRESS	2956 S.W. 3RD TREET	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33135	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	ALVAREZ, RAQUEL	4.2 NAME	CABRERA, ANTHONY	
STREET ADDRESS	2973 S.W. 21ST TERRACE	4.3 STREET ADDRESS	2450 S.W. 1ST, STREET	
CITY-ST-ZIP	MIAMI FL 33145	4.4 CITY-ST-ZIP	MIAMI, FL. 33135	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Idania Temino TD 1/30/95 656-5197
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

0007515