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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N24332 (1)

1. Corporation Name

THE GREATER MIAMI ASSOCIATION OF THE DEAF, INC.

Principal Place of Business

9330 E. ELM LN.  
MIRAMAR FL 33025  
US

Mailing Address

C/O DEAF SERVICES BUREAU  
1320 S. DIXIE HWY. #760  
MIAMI FL 33146  
US



3. Date Incorporated or Qualified  
01/13/1988

3a. Date of Last Report  
12/29/1995

2. Principal Place of Business

2a. Mailing Address

21 (same)

26 (same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-6769217

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

10. Name and Address of New Registered Agent

GANTES, CLARA  
9330 E. ELM LN.  
MIRAMAR FL 33025

81 Name same

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MEJIA, ALEX  
STREET ADDRESS 1225 W. 25 PL. #3  
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE D  
NAME ROJAS, HECTOR  
STREET ADDRESS 1521 ALTON RD. 3320  
CITY-ST-ZIP MIAMI BCH. FL 33139 ☐ DELETE

TITLE D  
NAME MACHADO, CARLOS  
STREET ADDRESS 9330 E. ELM LN. VENUE  
CITY-ST-ZIP MIRAMAR FL 33025 ☐ DELETE

TITLE P  
NAME VALDES, AGUILAS  
STREET ADDRESS 399 N.W. 72 AVE. #103  
CITY-ST-ZIP MIAMI FL 33128 ☐ DELETE

TITLE S  
NAME GANTES, CLARA  
STREET ADDRESS 9330 E ELM  
CITY-ST-ZIP MIRAMAR FL 33025 ☐ DELETE

TITLE T  
NAME GANTES, CLARA  
STREET ADDRESS 1320 S.DIXIE HWY. #760  
CITY-ST-ZIP MIAMI FL 33025 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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

Hector Rojas  
945 SW 150th Terrace  
Sunrise, FL 33326

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:

Clara Gantes (CLARA GANTES)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

Date

305-668-4407

Daytime Phone #

CR2E037 (12/95)