

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 # N35207 (2)

1. Corporation Name

METRO TRAFFIC SAFETY INSTITUTE, INC.



Principal Place of Business

Mailing Address

**1424 N.W. LEJEUNE RD.
MIAMI FL 33126**

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MIAMI FL 33126**

3. Date Incorporated or Qualified
11/13/1989

3a. Date of Last Report
02/06/1995

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

4. FEI Number
65-0158313

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

**SCHWARTZ, HOWARD
1424 N.W. LEJEUNE RD.
MIAMI FL 33126**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D SCHWARTZ, HOWARD**
STREET ADDRESS **780 N.E. 69 STREET**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D Cumins, Susan**
1.3 STREET ADDRESS **4055 Hardie Road**
1.4 CITY-ST-ZIP **Coconut Grove, FL**

TITLE ☐ DELETE
NAME **D LOPEZ, RICHARD**
STREET ADDRESS **1246 ASTURIA AVE**
CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D Lopez, Richard**
2.3 STREET ADDRESS **14620 SW 80 Ave.**
2.4 CITY-ST-ZIP **Miami, FL**

TITLE ☐ DELETE
NAME **D NEWMAN, DIANE**
STREET ADDRESS **15620 SW 54 ST**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D ARONOFF, KAREN**
STREET ADDRESS **5110 SW 73RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33143**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D Aronoff, Karen**
4.3 STREET ADDRESS **1414 Venetia Ave.**
4.4 CITY-ST-ZIP **Coral Gables, FL**

TITLE ☐ DELETE
NAME **D RUBINSTEIN, JEFFREY**
STREET ADDRESS **777 BRICKELL AVE #708**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D Rubinstein, Jeffrey**
5.3 STREET ADDRESS **800 Brickell Ave #1100**
5.4 CITY-ST-ZIP **Miami, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)