

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 331261424 N.W. LEJEUNE RD.
MIAMI FL 33126-1413

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1989		3a. Date of Last Report 01/29/1996	
21		26		4. FEI Number 65-0158313		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

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	Jerry Cantor
82 Street Address (P.O. Box Number is Not Acceptable)	1424 NW LeJeune Rd.
83	
84 City	Miami
85 Zip Code	FL 33126

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, HOWARD	1.2 NAME	Goodstein, Donald
STREET ADDRESS	780 N.E. 69 STREET	1.3 STREET ADDRESS	8207 NW 74 Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, RICHARD	2.2 NAME	
STREET ADDRESS	14620 S.W. 80TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, DIANE	3.2 NAME	Newman, Diann
STREET ADDRESS	15620 SW 54 ST	3.3 STREET ADDRESS	245 Ridgewood Rd.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONOFF, KAREN	4.2 NAME	
STREET ADDRESS	1414 VENETIA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINSTEIN, JEFFREY	5.2 NAME	
STREET ADDRESS	800 BRICKELL AVE. #1100	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMINS, SUSAN	6.2 NAME	
STREET ADDRESS	4055 HARDIE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028364

CR2E037 (9/96)