

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90131 048 ****61.25

DOCUMENT # N35207

1. Corporation Name

METRO TRAFFIC SAFETY INSTITUTE, INC.

Principal Place of Business

1424 N.W. LEJEUNE RD.
MIAMI FL 33126

Mailing Address

1424 N.W. LEJEUNE RD.
MIAMI FL 33126



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/13/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0158313

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANTOR, JERRY
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
GOODSTEIN, DONALD
STREET ADDRESS
8207 NW 74 AVE.
CITY-ST-ZIP
MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
LOPEZ, RICHARD
STREET ADDRESS
14620 S.W. 80TH AVE.
CITY-ST-ZIP
MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
NEWMAN, DIANN
STREET ADDRESS
245 RIDGEWOOD RD.
CITY-ST-ZIP
KEY BISCAYNE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
SANCHEZ, JORGE
STREET ADDRESS
1390 BRICKELL AVE
CITY-ST-ZIP
MIAMI FL 33101

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
CUMINS, SUSAN
STREET ADDRESS
4055 HARDIE ROAD
CITY-ST-ZIP
COCONUT GROVE FL

5.1 TITLE ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

[Signature] 4/14/99 (305) 871-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)