

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000005105 (1)**

1. Corporation Name

**CITY OF MIAMI RETIRED EMPLOYEES ASSOCIATION, INC**



Principal Place of Business: **4349 NORTHWEST 36 STREET, SUITE 104 MIAMI FL 33166**  
Mailing Address: **4349 NORTHWEST 36 STREET, SUITE 104 MIAMI FL 33166**

3. Date Incorporated or Qualified: **10/17/1994**  
3a. Date of Last Report: **04/21/1995**  
4. FEI Number: **65-0542781**  
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

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

9. Name and Address of Current Registered Agent  
**JOHNSON, LEWIS**  
**4349 NW 36TH STREET, #104**  
**MIAMI FL 33166**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, LEWIS	
STREET ADDRESS	4349 NORTHWEST 36 STREET, SUITE 104	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DEITCH, EVELYU	
STREET ADDRESS	9727 HAMMOCKS BLVD. #203	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEAGLE, KENNETH	
STREET ADDRESS	3420 SEGOUIA ST.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITVAK, MARSHALL	
STREET ADDRESS	65 PROSPECT DR.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD DEITCH, EVELYN
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD BERENICE B. BASS
3.3 STREET ADDRESS	10905 SW 112 AVE. APT. 306
3.4 CITY-ST-ZIP	MIAMI, FL 33176
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lewis Johnson      8-13-96      305-863-8623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**LEWIS JOHNSON**

CR2E037 (12/95)