


FILE NOW: FILING FEE IS \$61.25

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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005105 (1)**  
1. Corporation Name  
**CITY OF MIAMI RETIRED EMPLOYEES ASSOCIATION, INC**



Principal Place of Business <b>4349 NORTHWEST 36 STREET, SUITE 104 MIAMI FL 33166</b>	Mailing Address <b>4349 NORTHWEST 36 STREET, SUITE 104 MIAMI FL 33166-7346</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>10/17/1994</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>65-0542781</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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  
**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: *Lewis Johnson* DATE: **4/16/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, EVELYN	
STREET ADDRESS	9727 HAMMOCKS BLVD. #203	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BASS, BERENICE B	
STREET ADDRESS	10905 SW 112TH AVE APT 306	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITVAK, MARSHALL	
STREET ADDRESS	65 PROSPECT DR.	
CITY-ST-ZIP	GORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHANIE KLEIN	ADDITION
STREET ADDRESS	1530 SW 1ST AVE. 4-C	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUIS SARSICH	ADDITION
STREET ADDRESS	270 NW 51ST AVE.	
CITY-ST-ZIP	MIAMI FL 33126	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HELEN MYSKIW	
1.3 STREET ADDRESS	15030 SW. 43 TERR.	
1.4 CITY-ST-ZIP	MIAMI FL 33185	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NORMA IMMKE	
2.3 STREET ADDRESS	11225 SW 93 ST.	
2.4 CITY-ST-ZIP	MIAMI FL 33176	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GEORGE HERNANDEZ	
3.3 STREET ADDRESS	4460 SW 1ST ST.	
3.4 CITY-ST-ZIP	MIAMI FL 33134	
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 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: *Lewis Johnson* DATE: **4/16/96** 305-863-8623

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)