

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

**FILED**

**Feb 16 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N94000005105 (1)**  
 Corporation Name  
**CITY OF MIAMI RETIRED EMPLOYEES ASSOCIATION, INC**



|  |  |
|--|--|
| Principal Place of Business<br><b>4349 NORTHWEST 36 STREET, SUITE 104<br/>MIAMI FL 33166</b> | Mailing Address<br><b>4349 NORTHWEST 36 STREET, SUITE 104<br/>MIAMI FL 33166</b> |
|--|--|

|   |   |
|---|---|
| 3. Date Incorporated or Qualified<br><b>10/17/1994</b>  |   |
| 4. FEI Number<br><b>65-0542781</b>  | Applied For<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                                   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                                      |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

**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   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 reinstating) \_\_\_\_\_ 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 checked="" 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          | S                                   | <input type="checkbox"/> DELETE            |
| NAME           | MYSKIW, HELEN                       |  |
| STREET ADDRESS | 15030 SW 43 TERR                    |  |
| CITY-ST-ZIP    | MIAMI FL                            |  |
| TITLE          | D                                   | <input type="checkbox"/> DELETE            |
| NAME           | STEPHEN, KLEIN                      |  |
| STREET ADDRESS | 1530 SW 1ST AVE., #4-C              |  |
| CITY-ST-ZIP    | MIAMI FL                            |  |
| TITLE          | O                                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | SARSICH, LOUIS                      |  |
| STREET ADDRESS | 270 NW 51ST AVE                     |  |
| CITY-ST-ZIP    | MIAMI FL                            |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                           |  |
|--------------------|---------------------------|--|
| 1.1 TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | AUSTEN, John J.           |  |
| 1.3 STREET ADDRESS | 3241 NW 19 Terr.          |  |
| 1.4 CITY-ST-ZIP    | Miami, FL 33125           |  |
| 2.1 TITLE          | 2nd VP, n                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | DEITCH, EVELYN            |  |
| 2.3 STREET ADDRESS | 9727 Hammocks Blvd., #203 |  |
| 2.4 CITY-ST-ZIP    | Miami, FL 33196           |  |
| 3.1 TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | FOX, GLORIA               |  |
| 3.3 STREET ADDRESS | 1674 SW 23rd St.          |  |
| 3.4 CITY-ST-ZIP    | Miami, FL 33145           |  |
| 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          | VP                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | SARSICH, LOUIS            |  |
| 6.3 STREET ADDRESS | 270 NW 51st Ave.          |  |
| 6.4 CITY-ST-ZIP    | Miami, FL 33126           |  |

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.

**SIGNATURE:** \_\_\_\_\_ *Lewis Johnson* 2-06-98 305-263-8623

CR2E037 (10/97)