


FILE NOW: FILING FEE IS \$61.25

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Mar 28 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 # **N95000003121 (9)**

1. Corporation Name

**ABIG-SLC PARENT-TEACHER ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
AMERICAN BANKERS INS. GROUP/PAUL LEACH 11222 QUAIL ROOST DRIVE MIAMI FL 33157	11195 SW 196TH ST. MIAMI FL 33157-8305

3. Date Incorporated or Qualified <b>06/30/1995</b>	3a. Date of Last Report <b>06/14/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>ABIG-SLC</b>	26 <b>11195 SW 196 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>MIAMI FL</b>	28 <b>MIAMI FL</b>
Zip	Zip
24 <b>33157</b>	29 <b>33157</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

4. FEI Number <b>65-0594154</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
<b>LEACH, PAUL</b> <b>11195 SW 196 ST</b> <b>ABIG-SLC PTA</b> <b>MIAMI FL 33157</b>	

10. Name and Address of New Registered Agent	
81 Name	<b>PAUL LEACH</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>11195 SW 196 ST</b>
83	<b>ABIG-SLC PTA, INC</b>
84 City	<b>MIAMI FL</b>
85 Zip Code	<b>33157</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 *Paul Leach* **PAUL W LEACH, Treasurer** DATE **3/21/97**

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEACH, PAUL	
STREET ADDRESS	11195 SW 196 ST.	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, ELLEN	
STREET ADDRESS	11195 SW 196 ST.	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, EVON	
STREET ADDRESS	11195 SW 196 ST.	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KLEKOTKA, SUZANNNE	
STREET ADDRESS	11195 SW 196 ST.	
CITY - ST - ZIP	MIAMI FL 33157	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARIANNE PINEDA	
3.3 STREET ADDRESS	11195 SW 196 ST	
3.4 CITY - ST - ZIP	MIAMI FL 33157	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stacy Robison	
4.3 STREET ADDRESS	11195 SW 196 ST	
4.4 CITY - ST - ZIP	MIAMI FL 33157	
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: *Paul Leach* **PAUL LEACH** DATE **2/4/97** DAYTIME PHONE # **305-253-2244**

CR2E037 (9/96)