


FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005180 (3)

1. Corporation Name

MIAMI BEACH TRANSPORTATION MANAGEMENT ASSOCIATIO  
N, INC.



Principal Place of Business	Mailing Address
300 41ST ST. MIAMI FL 33140	301 41ST STREET MIAMI BEACH FL 33140-3672

3. Date Incorporated or Qualified 10/30/1995	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business	2a. Mailing Address
21 301 41st St., 5th Floor	26 301 41st Street 5thfloor
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Miami Beach, Florida	28 Miami Beach, Florida
Zip	Zip
24 33140	29 33140
Country	Country
25 USA	30 USA

4. FEI Number 65-0628983	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
EVANS, JUDY 300 41ST ST. MIAMI FL 33140	

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
FL	

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 Judy I. Evans Judy I. Evans, Executive Director DATE 4/22/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	LONDON, JUDY
STREET ADDRESS	C/O STREAMLINE PROPERTIES, 1125 WASH. AVE.
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, GERALD K
STREET ADDRESS	C/O 300 41ST ST.
CITY-ST-ZIP	MIAMI FL 33140
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	TISDALE, JAMES
STREET ADDRESS	C/O 300 41ST ST.
CITY-ST-ZIP	MIAMI FL 33140
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BRIGHAM, ERIKA
STREET ADDRESS	C/O 300 41ST ST.
CITY-ST-ZIP	MIAMI FL 33140
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHWARTZ, GERALD K.
1.3 STREET ADDRESS	1101 Brickell Avenue, Suite M100
1.4 CITY-ST-ZIP	Miami, FL 33131
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TISDALE, JAMES
2.3 STREET ADDRESS	301 41st Street, 2nd Floor
2.4 CITY-ST-ZIP	Miami Beach, FL 33140
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GONZALEZ, JACKIE
3.3 STREET ADDRESS	1700 Convention Center Drive
3.4 CITY-ST-ZIP	Miami Beach, FL 33139
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 Judy I. Evans Judy I. Evans, Executive Director DATE 4/22/97 (205) 525-8160

CR2E037 (9/96)