


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>N96000003225</i> 1. Corporation Name CISM-REGION XI, INC.			
Principal Place of Business Metro-Dade Fire Communications 5680 SW 87 Avenue Miami, FL 33173		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified June 17, 1996		3a. Date of Last Report N/A	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 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 Dr. Angela Rodriguez 2000 S. Dixie Hwy. Suite 207-A Miami, FL 33133		10. Name and Address of New Registered Agent 81 Name Natalie Duran 82 Street Address (P.O. Box Number is Not Acceptable) 5680 SW 87 Avenue 83 City Metro Fire Communications 84 City Miami FL 85 Zip Code 33173	
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 Natalie Duran <i>Natalie Duran</i> DATE 5/20/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) <input checked="" type="checkbox"/> DELETE Dr. Angela Rodriguez 2000 S. Dixie Hwy. #207-A Miami, FL 33133	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	(P) James Mann <i>(T)</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9834 SW 195 St. Miami, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	(V) P.J. Mount - T <input type="checkbox"/> Change <input type="checkbox"/> Addition 10165 SW 163 Avenue Miami, FL 33196-5801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	(T) Father Thomas Engbers - T <input type="checkbox"/> Change <input type="checkbox"/> Addition 825 NE 92 St. Miami Shores, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	(S) Natalie Duran - T <input type="checkbox"/> Change <input type="checkbox"/> Addition 5680 SW 87 Ave Metro-Fire Communications Miami, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>(Signature)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	500002222145 -06/25/97--01004--008 ***61.25

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: *Natalie Duran* May 20, 1997 305-596-8568
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Natalie Duran

CR2E037 (9/96)