

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002695 (4)

1. Corporation Name

REALTOR ASSOCIATION OF MIAMI, INC.



Principal Place of Business

2050 CORAL WAY
MIAMI FL 33145-2658

Mailing Address

2050 CORAL WAY
MIAMI FL 33145-2658

3. Date Incorporated or Qualified
05/20/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-0359750

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

WHITE, WESLEY F
700 EL DORADO PARKWAY
PLANTATION FL 33317

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GALLAGHER, ROBERT E JR
STREET ADDRESS 9100 S. DADELAND BLVD. #1602
CITY-ST-ZIP MIAMI FL 33186

☐ DELETE

TITLE D
NAME SMITH, STEPHEN H
STREET ADDRESS 8725 NW 18 TER #105
CITY-ST-ZIP MIAMI FL 33172

☐ DELETE

TITLE T
NAME WALTZER, ALVIN
STREET ADDRESS 850 IVES DAIRY RD. #42-A
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

☐ DELETE

TITLE S
NAME LASCH, BETTY T
STREET ADDRESS 9301 N.E. 8TH AVE. #A-100
CITY-ST-ZIP MIAMI FL 33138

☐ DELETE

TITLE D
NAME LUIS, MARTA
STREET ADDRESS 7821 CORAL WAY #132
CITY-ST-ZIP MIAMI FL 33155

☐ DELETE

TITLE D
NAME BERGER, RONALD C
STREET ADDRESS 8175 NW 12 ST #119
CITY-ST-ZIP MIAMI FL 33126

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ROBERT E. GALLAGHER, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

305-663-1140

Date

Daytime Phone

CR2E037 (12/95)