

FILE NOW: FILING FEE IS \$61.25

Amended

APPROVED AND FILED

97 DEC -1 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 703747
1. Corporation Name
Hialeah Miami Springs Northwest Dade Area Chamber of Commerce

Principal Place of Business: 59 W 54 ST, Hialeah FL 33010
Mailing Address: Same

200002368862-3
-12/10/97--01103--021
*****61.25 *****61.25

2. Principal Place of Business: Same
21. Suite, Apt. #: etc.
22. City & State: Hialeah FL
23. Zip: 33010, Country: USA

3. Date Incorporated or Qualified: 7/12/51
3a. Date of Last Report
4. FEI Number: 59-0656628
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

9. Name and Address of Current Registered Agent: N/A

10. Name and Address of New Registered Agent
81. Name: Arline Brolesman
82. Street Address: 15405 Miami Lakesway N #1111
83.
84. City: Miami Lakes, FL
85. Zip Code: 33010

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Arline Brolesman (NOT Registered Agent signature required when reinstating)
DATE: 10/22/97

12. OFFICERS AND DIRECTORS

TITLE	Chairman	<input checked="" type="checkbox"/> DELETE
NAME	Robert H Kelly	
STREET ADDRESS	15127 Montrose Rd	
CITY-ST-ZIP	Miami Lakes FL 33016	
TITLE	Past Chairman	<input checked="" type="checkbox"/> DELETE
NAME	Vincanthony Jr	
STREET ADDRESS	160W Flagler St #1820	
CITY-ST-ZIP	Miami FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

A. Alan
12/1/97

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		Alex Abraham	
1.3 STREET ADDRESS		7232 NW 66 St	
1.4 CITY-ST-ZIP		Miami 33	
2.1 TITLE	D	Vice Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		Hiram Cosio	
2.3 STREET ADDRESS		667E 25th St	
2.4 CITY-ST-ZIP		Hialeah FL 33013	
3.1 TITLE	D	Floyd Villasuso, Jr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		Chairman of the Board	
3.3 STREET ADDRESS		9250 W Flagler St	
3.4 CITY-ST-ZIP			
4.1 TITLE	D	Reed Gordon	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		Gordon & Co - Treasurer	
4.3 STREET ADDRESS		7975 N.W. 154 St #340	
4.4 CITY-ST-ZIP		Miami Lakes FL 33016	
5.1 TITLE	D	Richard Sanz	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		Chairman Elect	
5.3 STREET ADDRESS		2005 Biscayne Blvd	
5.4 CITY-ST-ZIP		Miami FL 33131	
6.1 TITLE	D	Hilzi Laurents	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		Don Shukstrol	
6.3 STREET ADDRESS		Main Street	
6.4 CITY-ST-ZIP		Miami Lakes FL 33014	

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: Arline Brolesman DATE: 10/21/97 305-887-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (9/96)