

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 29 1996 8:00 am
Secretary of State

DOCUMENT # **751011 (8)**
1. Corporation Name
CORAL GABLES CHAMBER OF COMMERCE, INC.



Principal Place of Business: **50 ARAGON AVENUE CORAL GABLES FL 33134**
Mailing Address: **50 ARAGON AVENUE CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **02/12/1980**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-0205525**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

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

ROBINSON, RONALD W.
50 ARGON AVENUE
CORAL GABLES FL 33134

FL 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBINSON, RONALD W.	
STREET ADDRESS	50 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33134	
TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	SHUFFIELD, RONALD	
STREET ADDRESS	50 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33134	
TITLE	CED	<input checked="" type="checkbox"/> DELETE
NAME	BUSTAMONTE, GABE	
STREET ADDRESS	50 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33134	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BECKER, JEANNE	
STREET ADDRESS	50 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33134	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	VILLAR, GUILLERMO	
STREET ADDRESS	50 ARAGON AVENUE.	
CITY-ST-ZIP	CORAL GABLES FL	
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	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donna Aboud	
2.3 STREET ADDRESS	50 Aragon Ave.	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gerardo Banteiro	
3.3 STREET ADDRESS	50 Aragon Ave.	
3.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/29/96** Daytime Phone #: **305-446-1657**

CR2E037 (12/95)