

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

DOCUMENT # 758812 (2)
1. Corporation Name
COCONUT GROVE CHAMBER OF COMMERCE, INC.



Principal Place of Business
**2820 MCFARLANE RD.
MIAMI FL 33133**

Mailing Address
**2820 MCFARLANE RD.
MIAMI FL 33133**

3. Date Incorporated or Qualified
06/17/1981

3a. Date of Last Report
06/26/1995

4. FEI Number
59-0877858

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

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**SMITH, SKY
2400 SOUTH DIXIE HIGHWAY
SUITE 100
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWEENEY, H W ALLEN	
STREET ADDRESS	2820 MC FARLANE RD	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, IVAN	
STREET ADDRESS	2820 MCFARLANE RD	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, SKY	
STREET ADDRESS	2820 MCFARLANE RD	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARPENTER, L B	
STREET ADDRESS	2820 MCFARLANE RD	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WENDROW, NADENE	
STREET ADDRESS	2820 MCFARLANE RD	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	SIMONS, AMY	
STREET ADDRESS	2820 MCFARLANE RD	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96 (305) 661-7729

CR2E037 (12/95)