


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N31337 (1)
1. Corporation Name
MIAMI SPRINGS/AIRPORT AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business 7 WESTWARD DRIVE P.O. BOX 660150 MIAMI SPRINGS FL 33266-7150	Mailing Address 7 WESTWARD DRIVE P.O. BOX 660150 MIAMI SPRINGS FL 33266-7150
--	--

3. Date Incorporated or Qualified
03/07/1989

4. FEI Number 65-0131977	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

2. Principal Place of Business 21 166 Hialeah Drive Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 660150 Suite, Apt. #, etc. 27
City & State 23 Hialeah, Fla.	City & State 28 Miami Springs, FL.
Zip 24 33010	Country 25 Dade
Zip 29 33266	Country 30 Dade

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
~~MOREHOUSE, EARL W
70 WESTWARD DR.
MIAMI SPRINGS FL 33166~~

10. Name and Address of New Registered Agent

81 Name FRANK HOLDEN
82 Street Address (P.O. Box Number is Not Acceptable) 166 Hialeah Dr.
83
84 City Hialeah
85 Zip Code FL 33010

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 *Frank E. Holden* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEZYK, ROBERT 297 POCATELLA ST. MIAMI SPRINGS FL 33166	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOWEN, SHERRYL B 288 POCATELLA ST. MIAMI SPRINGS FL 33166	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMPSON, POLLY 560 NIGHTENGAL AVE. MIAMI SPRINGS FL 33166	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OBERMANN, TERESITA 481 MORNINGSIDE MIAMI SPRINGS FL 33166	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSSON, TAPPY 190 WESTWARD DR. MIAMI SPRINGS FL 33166	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTOLONE, ALDO 1110 REDBIRD AVE. MIAMI SPRINGS FL 33166	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I 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: *Teresita P. Obermann* 1/31/98 305/597-6813

CR2E037 (10/97)