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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31337

1. Corporation Name
MIAMI SPRINGS/AIRPORT AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business 166 HIALEAH DR HIALEAH FL 33010 US	Mailing Address P O BOX 660150 MIAMI SPRINGS FL 33266 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/07/1989	4. FEI Number 65-0131977 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

HOLDEN, FRANK
166 HIALEAH DR
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when remitting) _____ DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MEZYK, ROBERT	
1.3 STREET ADDRESS	297 POCATELLA ST	
1.4 CITY-ST-ZIP	MIAMI SPRINGS, FLORIDA 33166	
2.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOWEIN, SHERRYL B.	
2.3 STREET ADDRESS	288 POCATELLA ST	
2.4 CITY-ST-ZIP	MIAMI SPRINGS, FL. 33166	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THOMPSON, POLLY	
3.3 STREET ADDRESS	560 NIGHTENGALE AVE	
3.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CYNTHIA PAUL	
4.3 STREET ADDRESS	265 LUDLAM DR	
4.4 CITY-ST-ZIP	MIAMI SPRINGS, FL. 33166	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROSSON, TAPPY	
5.3 STREET ADDRESS	190 WESTWARD DRIVE	
5.4 CITY-ST-ZIP	MIAMI SPRINGS, FLORIDA 33166	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BARTOLONE, ALDO	
6.3 STREET ADDRESS	1110 REDBIRD AVE	
6.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(A), 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, with all other like empowered.

SIGNATURE: **SHERRYL B. BOWEIN, PRESIDENT** *Sherryl B. Bowein* 2/2/99 305-883-0883
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)