

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # N95000000888 (6)

1. Corporation Name

COALITION OF DADE COUNTY CHAMBERS OF COMMERCE, I NC.

Principal Place of Business

Mailing Address

% GREATER SOUTH DADE CHAMBER OF COMMERCE 6410 S.W. 80TH ST. SOUTH MIAMI FL 33143

% GREATER SOUTH DADE CHAMBER OF COMMERCE 6410 S.W. 80TH ST. SOUTH MIAMI FL 33143-4602

3. Date Incorporated or Qualified 02/23/1995

3a. Date of Last Report 03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 40 NORTH DADE CHAMBER

26 40 NORTH DADE CHAMBER

4. FEI Number 65-0598802

Applied For Not Applicable

22 18350 NW 2 AVE STE 600

27 18350 NW 2 AVE STE 600

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

23 MIAMI, FL

28 MIAMI, FL

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

24 33149

29 33149

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANDELL, LEE LEE MANDELL, P.A. 75 VALENCIA AVE., STE. 1002 CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE D DELETE 1.2 NAME MASSON, DONNA VICE CHAIR 1.3 STREET ADDRESS % 6410 S.W. 80TH ST. 1.4 CITY-ST-ZIP SOUTH MIAMI FL 33143

2.1 TITLE D 2.2 NAME CUSON, TERRY SECRETARY-TREASURER 2.3 STREET ADDRESS 18350 NW 2 AVENUE STE 600 2.4 CITY-ST-ZIP MIAMI, FL 33149

2.1 TITLE D DELETE 2.2 NAME ROBISON, RON CHAIRMAN 2.3 STREET ADDRESS % 50 ARAGON AVE. 2.4 CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE D 2.2 NAME LOPEZ, VINCE VICE CHAIR 2.3 STREET ADDRESS 40 BELL SOUTH 150 W FIDELITY ST. 2.4 CITY-ST-ZIP STE 1820 MIAMI, FL 33130

2.1 TITLE D DELETE 2.2 NAME CULLOM, WILLIAM O PART CHAIRMAN 2.3 STREET ADDRESS %1601 BISCAYNE BOULEVARD 2.4 CITY-ST-ZIP MIAMI FL 33132-1260

2.1 TITLE D 2.2 NAME SINGER, BRUCE VICE CHAIR 2.3 STREET ADDRESS 1920 MERIDIAN AVENUE 2.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

2.1 TITLE DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

2.1 TITLE DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 700002106737-9 -03/07/97-01008-001 *****61.25 *****61.25

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: DONNA G. MASSON 1/23/97 (300) 661-1621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030020

CP2E008 (9/96)