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Feb 05 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 # N95000000888 (6)

COALITION OF DADE COUNTY CHAMBERS OF COMMERCE, INC.



Principal Place of Business: % NORTH DADE CHAMBER, 18350 NW 2 AVENUE, SUITE 600, MIAMI FL 33169
Mailing Address: % NORTH DADE CHAMBER, 18350 NW 2 AVENUE, SUITE 600, MIAMI FL 33169

3. Date Incorporated or Qualified: 02/23/1995
4. FEI Number: 65-0598802

2. Principal Place of Business: 1920 MERIDIAN AVE, MIAMI BEACH FL 33139
2a. Mailing Address: 1920 MERIDIAN AVE, MIAMI BEACH FL 33139
23. City & State: MIAMI BEACH FL
24. Zip: 33139, Country: USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No

9. Name and Address of Current Registered Agent: MANDELL, LEE, LEE MANDELL, P.A., 75 VALENCIA AVE., STE. 1002, CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: Bruce M Singer, 1920 Meridian Ave, Miami Beach FL 33139

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. Signature: Bruce M Singer, Sec/Treasurer, 1/22/98

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Terry Cuson, Vince Lopez, Bruce Singer, and Donna Masson.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include V/D, S/I/T/D, and P/D entries for Wilbert T Holloway and Donna Masson.

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, upon an attachment with an address.

SIGNATURE: RITERAN CUSON, 1-15-98 (201) 690-9123

CR2E037 (10/97)