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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000001059 (2)

1. Corporation Name

CHRISTIAN CHAMBER OF COMMERCE OF DADE COUNTY, IN C.



Principal Place of Business

Mailing Address

9260 SUNSET DRIVE STE 219
MIAMI FL 33173

9260 SUNSET DRIVE STE 219
MIAMI FL 33173-3255

3. Date Incorporated or Qualified
02/26/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0609281

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MAGANN, JULY ESQ.
14400 SW 44TH STREET
MIAMI FL 33176~~

81 Name Michael Cafaro

82 Street Address (P.O. Box Number is Not Acceptable)
100 N.E. 15 St. # 103C

83

84 City Homestead

FL

85 Zip Code 33030

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]

2/13/97

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 12

TITLE D DELETE
NAME BICHARA, ROLANDO
STREET ADDRESS 7935 NW 162ND STREET
CITY-ST-ZIP MIAMI FL 33016

1.1 TITLE D President Change Addition
1.2 NAME MARY VALDES
1.3 STREET ADDRESS 9260 Sunset Dr, Suite 219
1.4 CITY-ST-ZIP Miami, FL 33173

TITLE D DELETE
NAME VALDES, MARY
STREET ADDRESS 19 ANTILLA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE D President Elect Change Addition
2.2 NAME Richard Ramos
2.3 STREET ADDRESS 85 Grand Canal Dr. #400
2.4 CITY-ST-ZIP Miami, FL 33144

TITLE D DELETE
NAME MORAN, GISELA
STREET ADDRESS 12180 SW 87TH AVENUE
CITY-ST-ZIP MIAMI FL 33176

3.1 TITLE D Treasurer Change Addition
3.2 NAME Michael Cafaro
3.3 STREET ADDRESS 100 N.E. 15 St, #103C
3.4 CITY-ST-ZIP Homestead, FL 33030

TITLE D DELETE
NAME FERNANDEZ, MARIA C
STREET ADDRESS 7365 FAIRWAY DRIVE APT. 127
CITY-ST-ZIP MIAMI LAKES FL 33014

4.1 TITLE ~~STATE~~ Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

2/13/97 (305) 498-1658

Date

Daytime Phone # 0032755

CR2E037 (9/96)