

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

APPROVED AND FILED

99 JAN -6 PM 1:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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 MIAMI FL 33173

REINSTATEMENT

02/26/1998

4. FEI Number

Applied For
 Not Applicable

65-0649281

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAFARD, MICHAEL
 100 NE 15 ST #103C
 HOMESTEAD FL 33030

81 Name William R. Wicks III
 82 Street Address (P.O. Box Number is Not Acceptable) 2511 Ponce de Leon Blvd., Ste. 300
 83
 84 City Coral Gables FL 85 Zip Code 33134

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

William R. Wicks III
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/31/98
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
 NAME RAMOS, RICHARD
 STREET ADDRESS 85 GRAND CANAL DR #402
 CITY-ST-ZIP MIAMI FL

1.1 TITLE DP Change Addition
 1.2 NAME Joseph L. Socarras
 1.3 STREET ADDRESS 3700 West 12 Avenue
 1.4 CITY-ST-ZIP Hialeah, Florida 33012

TITLE DP DELETE
 NAME VALDES, MARY
 STREET ADDRESS 9260 SUNSET DR, SUITE 219
 CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE D Change Addition
 2.2 NAME Maggie P. Gonzalez
 2.3 STREET ADDRESS 780 NW 42 Avenue, Suite 301
 2.4 CITY-ST-ZIP Miami, Florida 33126

TITLE DT DELETE
 NAME CAFARD, MICHAEL
 STREET ADDRESS 100 NE 15TH ST, #103C
 CITY-ST-ZIP HOMESTEAD FL

3.1 TITLE D Change Addition
 3.2 NAME Ramos, Richard
 3.3 STREET ADDRESS 7221 Coral Way, Suite 210
 3.4 CITY-ST-ZIP Miami, Florida 33155

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

4.1 TITLE DT Change Addition
 4.2 NAME Siegel, David J.
 4.3 STREET ADDRESS 5220 SW 128 Court
 4.4 CITY-ST-ZIP Miami, Florida 33175

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE 900002738659 Change Addition
 5.2 NAME
 5.3 STREET ADDRESS -01/12/99-01089-002
 5.4 CITY-ST-ZIP *****236.25 *****236.25

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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)(j), 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:

Richard Ramos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/98

305-223-0200
 Daytime Phone #

0005981

CR2E037 (5/98)