

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 731069 (1)**  
1. Corporation Name  
**THE MIAMI-DADE CHAMBER OF COMMERCE, INC.**



Principal Place of Business Mailing Address  
**9190 BISCAYNE BLVD STE 201**  
**MIAMI FL 33138**

3. Date Incorporated or Qualified **10/31/1974** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-6560023</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

## 9. Name and Address of Current Registered Agent

**BAKER, DOROTHY R.**  
**9190 BISCAYNE BLVD**  
**MIAMI FL 33138**

## 10. Name and Address of New Registered Agent

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 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PINKSTON, MARTY</b>	1.2 NAME	<b>RANDALL HOLTS</b>
STREET ADDRESS	<b>11380 NW 27TH AVE</b>	1.3 STREET ADDRESS	<b>9190 BISCAYNE BOULEVARD</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33138</b>
TITLE	VC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLOWAY, WILBERT T</b>	2.2 NAME	<b>VERNON FLETCHER</b>
STREET ADDRESS	<b>150 W FLAGLER ST</b>	2.3 STREET ADDRESS	<b>1379 N.E. 163RD STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33162</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, DAVID</b>	3.2 NAME	<b>FLOYD WILLIAMS</b>
STREET ADDRESS	<b>5046 BISCAYNE BLVD</b>	3.3 STREET ADDRESS	<b>1110 BRICKELL AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLETCHER, VERNON</b>	4.2 NAME	<b>DONALD J. BUTLER</b>
STREET ADDRESS	<b>850 IVES DIARY RD</b>	4.3 STREET ADDRESS	<b>ONE SE THIRD AVENUE</b>
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>	4.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
TITLE	PM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, DOROTHY</b>	5.2 NAME	
STREET ADDRESS	<b>9190 BISCAYNE BLVD S 201</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dorothy R. Baker* **Dorothy R. Baker** 2-20-96 (305) 751-8648  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)