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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

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DOCUMENT # N13074 (2)

1. Corporation Name

THE GREATER MIAMI CHAPTER OF WOMEN IN COMMUNICATIONS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

P.O. BOX 43-2641  
SOUTH MIAMI FL 33243-9641

Mailing Address

P.O. BOX 43-2641  
SOUTH MIAMI FL 33243-9641

3. Date Incorporated or Qualified  
12/30/1985

3a. Date of Last Report  
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

S.F. & F. REGISTERED AGENTS, INC.  
200 S. BISCAYNE BLVD., STE. 4310  
MIAMI FL 33131

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	PD	DELETE
NAME	GIROIX, VALERI	
STREET ADDRESS	7250 SW 132 ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	DELETE
NAME	MEGNA, BETH	
STREET ADDRESS	9740 NW 49 TERR	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	DELETE
NAME	LUKELL, ANDREA	
STREET ADDRESS	3300 NE 192 ST #310	
CITY-STATE-ZIP	AVENTURA FL	
TITLE	TD	DELETE
NAME	PEREZ, ESTHER	
STREET ADDRESS	3641 N. PROSPECT DR	
CITY-STATE-ZIP	COCONUT GROVE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-STATE-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME	Beth Mignon - Nelson		
2.3 STREET ADDRESS	5800 S.W. 31 Street		
2.4 CITY-STATE-ZIP	Miami, FL 33155		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-STATE-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-ZIP			

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Beth Mignon - Nelson  
5800 S.W. 31 Street  
Miami, FL 33155

JB 9-5-96

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:

Beth Mignon Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/96

305 445 448

Daytime Phone #

CR2E037 (12/95)