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May 20 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 # N00797

1. Corporation Name: Women's Chamber of Commerce of South Florida, Inc.

Principal Place of Business	Mailing Address
3625 NW 82nd Ave Suite 401 Miami, FL 33166 US	3625 NW 82nd Ave Suite 401 Miami, FL 33166 US

3. Date Incorporated or Qualified: 01/09/1984	3a. Date of Last Report: 04/01/96
4. FEI Number: 59-2371670	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Street: 8362 Pines Blvd	26 Street: 8362 Pines Blvd
22 Suite, Apt. #, etc.: Suite 247	27 Suite, Apt. #, etc.: Suite 247
23 City & State: Pembroke Pines FL	28 City & State: Pembroke Pines FL
24 Zip: 33024 25 Country: US	29 Zip: 33024 30 Country: US

9. Name and Address of Current Registered Agent

Thompson, Patricia
Popham, Haik, Schnobrich
100 SE 2nd Street, 4100 Centrust Financial
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name: Reno, Donna J.
82 Street Address (P.O. Box Number is Not Acceptable): 2645 S. Bayshore Dr.
83: #904
84 City: Coconut Grove FL 85 Zip Code: 33133

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: Donna J. Reno, President Women's Chamber 5/10/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Rowe-Staley, Jody 3754 Matheson Avenue Coconut Grove, FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Reno, Donna J. 2645 S. Bayshore Dr. #904 Coconut Grove FL 33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Reno, Donna J. Coconut Grove, FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Kielman, Alyce 15032 S.W. 96 Terr. Miami, FL 33196	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Carlucci, Jo Anne 17777 Old Cutler Road Miami, FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Chapman, Nikki 9200 S. Dadeland Blvd. #820 Miami, FL 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Rothfield, Sherry J. 1021 N. Venetian Drive Miami, FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Lonnette Garcia Kat 8411 SW 92 Str. Miami, FL 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bucher, Judith 12515 N. Kendall Drive, # 416 Miami, FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VD Reilly, Kate 100 S.E. 2nd St. Miami, FL 33131	☒ Change ☐ Addition 5-20-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000002200240 -06/03/97--01099--003 ***61.25	☐ Change ☐ Addition

CR2E037 (9/96)

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: Donna J. Reno 5/10/97 305-860-6763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #