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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00797 (3)

1. Corporation Name
WOMEN'S CHAMBER OF COMMERCE OF SOUTH FLORIDA, INC.

Principal Place of Business 8362 PINES BLVD. SUITE 247 PEMBROKE PINES FL 33024 US	Mailing Address 8362 PINES BLVD. SUITE 247 PEMBROKE PINES FL 33024 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/09/1984	4. FEI Number 59-2371670
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENO, DONNA J
2645 S. BAYSHORE DRIVE
#904
COCONUT GROVE FL 33133

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RENO, DONNA J	
STREET ADDRESS	2645 S. BAYSHORE DRIVE #904	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIELMAN, ALYCE	
STREET ADDRESS	15032 SW 96TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHAPLIN, NIKKI	
STREET ADDRESS	9200 S. DADELAND BLVD. #820	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KAST, LONNELLE	
STREET ADDRESS	8441 SW 92ND STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KATE, REILLY	
STREET ADDRESS	100 SE 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donna Reno
1.3 STREET ADDRESS	2645 S Bayshore Dr #904
1.4 CITY-ST-ZIP	Coconut Grove FL 33133
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alyce Kielman
2.3 STREET ADDRESS	15032 SW 96 Terr
2.4 CITY-ST-ZIP	MIAMI FL 33196
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nikki Chaplin
3.3 STREET ADDRESS	9200 S Dadeland Blvd #820
3.4 CITY-ST-ZIP	MIAMI FL 33156
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAN KIVSNER
4.3 STREET ADDRESS	P.O. Box 800443
4.4 CITY-ST-ZIP	ADVENTURA, FL 33280 (N/A)
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kate Reilly
5.3 STREET ADDRESS	100 SE 2nd St.
5.4 CITY-ST-ZIP	MIAMI FL 33131
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BARBARA JEAN RASKIN
6.3 STREET ADDRESS	1501 VENERA AV. #215
6.4 CITY-ST-ZIP	CORAL GABLES, FL 33146

14. I 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] BARBARA JEAN RASKIN 2/5/98 305-466-5319

CR2E037 (10/97)