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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731069

1. Corporation Name

THE MIAMI-DADE CHAMBER OF COMMERCE, INC.

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

Mailing Address
**9190 BISCAYNE BLVD STE 201
MIAMI FL 33138**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/31/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6560023

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☒ DELETE
NAME **CD RANDALL, HOLTS**
STREET ADDRESS **1881 NW 103RD STREET**
CITY-ST-ZIP **MIAMI FL 33147**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **CD BENNET BERHANE**
1.3 STREET ADDRESS **9250 W. FLAGLER STREET**
1.4 CITY-ST-ZIP **MIAMI, FLORIDA 33174**

TITLE ☒ DELETE
NAME **VD BERHANE, BENNET**
STREET ADDRESS **9250 W FLAGLER ST**
CITY-ST-ZIP **MIAMI FL 33174**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD JESSE BROOKS**
2.3 STREET ADDRESS **1550 MADRUGA AVENUE, SUITE 317**
2.4 CITY-ST-ZIP **CORAL GABLES, FLORIDA 33146**

TITLE ☒ DELETE
NAME **SD FISHER, MARION**
STREET ADDRESS **3201 N.W. 72ND AVE**
CITY-ST-ZIP **MIAMI FL 33122**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD MERVIS PARKER**
3.3 STREET ADDRESS **1490 NW 3RD AVENUE, #112A**
3.4 CITY-ST-ZIP **MIAMI, FLORIDA 33136**

TITLE ☒ DELETE
NAME **TD WHANG, SANG**
STREET ADDRESS **8445 S.W. 148TH DRIVE**
CITY-ST-ZIP **N MIAMI BCH FL 33158**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TD MARION FISHER**
4.3 STREET ADDRESS **3201 NW 72ND AVENUE**
4.4 CITY-ST-ZIP **MIAMI, FLORIDA 33122**

TITLE ☐ DELETE
NAME **PM BAKER, DOROTHY**
STREET ADDRESS **9190 BISCAYNE BLVD S 201**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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)(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, with all other like empowered.

SIGNATURE:

Dorothy R. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

(305) 751-8648

Date

Daytime Phone #

CR2E037 (11/98)