

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90197 010 ****61.25

0023112

DOCUMENT # 723679

1. Corporation Name

MIAMI-DADE COUNTY LEAGUE OF CITIES, INC.

Principal Place of Business

**7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014**

Mailing Address

**7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/15/1972

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0240302

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARCHNER, RUSS
7480 FAIRWAY DRIVE
#206
MIAMI LAKES FL 33014**

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

Russ Marchner, Executive Director

2/24/99

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
**VTD
GORT, WILFREDO
3500 PAN AMERICAN DR
MIAMI FL**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**S/D
KINZER, MITCHELL
9293 Harding Ave
Surfside, FL 33154**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
R.S. SHIVER
404 W. PALM AVE.
FLORIDA CITY FL**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**T/D
CADWELL, CARMEN
501 PALM AVENUE
HIALEAH, FL 33011**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
REBECA SOSA
901 S.W. 62ND AVE.
WEST MIAMI FL**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**V/D
SOSA, REBECA
901 SW 62 AVE
West miami, FL 33144**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PEARLSON, DAVID
1700 CONVENTION CTR DR
MIAMI BEACH FL**

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MISHCON, JEFF
17011 NE 19TH AVE
N MIAMI BEACH FL**

☒ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
CAVALIER, JOHN A JR
201 WESTWARD DR
MIAMI SPRINGS FL**

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**PD
CAVALIER, JOHN A JR
201 WESTWARD DR
MIAMI SPRINGS, FL 33166**

☒ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

Date

305/557-1722

Daytime Phone #

CR2E037 (11/98)