03061999-90111-026-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Mar 06, 1999 8:00 am
Secretary of State
03-06-1999 90111 026 ****61.25

DOCUMENT # 759840

1. Corporation Name
GREATER MIAMI HOST COMMITTEE, INC.

Principal Place of Business	Mailing Address
300 BISCAYNE BLVD WAY SUITE 303 MIAMI FL 33131 US	300 BISCAYNE BLVD WAY SUITE 303 MIAMI FL 33131 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1701 Brickell Avenue	26 701 Brickell Ave.	08/26/1981
Suite, Apt. #, etc. 22 2700	Suite, Apt. #, etc. 27 2700	4. FEI Number 59-2157172 ☐ Applied For ☐ Not Applicable
City & State 23 Miami, Florida	City & State 28 Miami, Florida	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KORGE, CHRISTOPHER
HANZMAN CRIDEN KORGE ET AL
200 S BISCAYNE BLVD #2100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Korge, Christopher
82 Street Address (P.O. Box Number is Not Acceptable): Partner, Korge & Powell
83: 201 South Biscayne Blvd, Suite 3250
84 City: Miami FL 85 Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CE	☐ DELETE	1.1 TITLE	Cornelia "Corky" Dozier	☐ Change ☒ Addition
NAME	TRAINER, MONTY		1.2 NAME	Excutive Director	
STREET ADDRESS	2560 S BAYSHORE DR.		1.3 STREET ADDRESS	701 Brickell Ave, Suite 2700	
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-ST-ZIP	Miami, Florida 33131	
TITLE	PD	■ DELETE	2.1 TITLE	Td TD	☐ Change ☐ Addition
NAME	SHEPARD, J.J. SKIP		2.2 NAME	Alexander, William	
STREET ADDRESS	300 BISCAYNE BLVD WAY		2.3 STREET ADDRESS	3750 N.W 87th Aveune	
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	Miami,Florida 33178	
TITLE	T	■ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAGGLAUND, NEAL		3.2 NAME		
STREET ADDRESS	PO BOX 025354		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	S D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, ROSARIO		4.2 NAME		
STREET ADDRESS	1440 SO BAYSHORE DR #205		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KENT, RON		5.2 NAME		
STREET ADDRESS	701 BRICKELL AVE #2700		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	ED	■ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RODNEY BARRETO		6.2 NAME		
STREET ADDRESS	300 BISCAYNE BLVD WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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: SIGNATURE REQUIRED 7/24/99 (305)539-3082
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)