

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS •

DOCUMENT # 703747 (6)

1. Corporation Name
HIALEAH-MIAMI SPRINGS NORTHWEST DADE AREA CHAMBER OF COMMERCE, INC.



200001812062
-05/07/96--01158--011

Principal Place of Business: **59 W. 5TH ST. HIALEAH FL 33010**
Mailing Address: **59 W. 5TH ST. HIALEAH FL 33010**

3. Date of Incorporation or Qualified: **03/19/1962**
3a. Date of Last Report: **03/29/1995**

2. Principal Place of Business: **21 59 W. 5th Street**
2a. Mailing Address: **26 59 W. 5th Street**
22. Suite, Apt. #, etc.
23. City & State: **Hialeah, FL**
24. Zip: **33010** 25. Country: **Dade**
27. Suite, Apt. #, etc.
28. City & State: **Hialeah, FL**
29. Zip: **33010** 30. Country: **Dade**

4. FEI Number: **59-0656628**
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

9. Name and Address of Current Registered Agent
BERTOT, MARIELENA
59 W. 5TH ST.
HIALEAH FL 33010

10. Name and Address of New Registered Agent
81. Name: **Marielena Bertot**
82. Street Address (P.O. Box Number Is Not Acceptable): **59 W. 5th Street**
83. City: **Hialeah** 84. State: **FL** 85. Zip Code: **33010**

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: **Marielena Bertot** DATE: **March 13, 1996**
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 | PCD <input type="checkbox"/> DELETE | 1.1 TITLE | President/CEO D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERTOT, MARIELENA | 1.2 NAME | Bertot, Marielena |
| STREET ADDRESS | 59 W. 5TH ST. | 1.3 STREET ADDRESS | 59 W. 5th Street |
| CITY-ST-ZIP | HIALEAH FL 33010 | 1.4 CITY-ST-ZIP | Hialeah, FL 33010 |
| TITLE | DC <input type="checkbox"/> DELETE | 2.1 TITLE | Chairman D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERNANDEZ, AURELIO | 2.2 NAME | Lopez, Vince |
| STREET ADDRESS | 777 S. FLAGLER DR. | 2.3 STREET ADDRESS | 150 W. Flagler Street, #1820 |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 2.4 CITY-ST-ZIP | Miami, FL 33130 |
| TITLE | CD <input type="checkbox"/> DELETE | 3.1 TITLE | Chairman-Elect D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOPEZ, VINCENT JR. | 3.2 NAME | Kelly, Robert H. |
| STREET ADDRESS | 150 W. FLAGLER ST., #1820 | 3.3 STREET ADDRESS | 5979 N. W. 151 Street |
| CITY-ST-ZIP | MIAMI FL 33130 | 3.4 CITY-ST-ZIP | Miami Lakes, FL 33014 |
| TITLE | VCD <input type="checkbox"/> DELETE | 4.1 TITLE | First Vice Chairman D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLY, ROBERT H | 4.2 NAME | Chaney, Robert K. |
| STREET ADDRESS | 15127 MONTROST RD. | 4.3 STREET ADDRESS | 5979 N. W. 151 Street, # 110 |
| CITY-ST-ZIP | MIAMI FL 33016 | 4.4 CITY-ST-ZIP | Miami Lakes, FL 33014 |
| TITLE | VCD <input type="checkbox"/> DELETE | 5.1 TITLE | Second Vice Chairman D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHANEY, ROBERT K | 5.2 NAME | Guanchez, Gustavo |
| STREET ADDRESS | 5979 NW 151 ST. | 5.3 STREET ADDRESS | 7500 N. W. 25th Street, # 104 |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | 5.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 6.1 TITLE | Treasurer D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUANCHEZ, GUSTAVO | 6.2 NAME | Antorcha, Marta C. |
| STREET ADDRESS | 6713 NW 84TH AVE. | 6.3 STREET ADDRESS | 755 N. W. 72nd Avenue, #23 |
| CITY-ST-ZIP | MIAMI FL 33166 | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607(3)(k), 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: *Marielena Bertot* March 13, 1996 887-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

ASB
5-1-96