

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 01 1997 8:00am  
Secretary of State

DOCUMENT # 703747 (6)

1. Corporation Name

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



Principal Place of Business

Mailing Address

59 W. 5TH ST.  
HIALEAH FL 33010

59 W. 5TH ST.  
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/19/1962

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-0656628

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 25 26 27 28 29 30

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERTOT, MARIELENA  
59 W. 5TH ST.  
HIALEAH FL 33010

81 Name  
Arlene Broleman  
82 Street Address (P.O. Box Number is Not Acceptable)  
59 W 5th St  
83 Hialeah FL, 33010  
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

Arlene Broleman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD  
NAME BERTOT, MARIELENA  
STREET ADDRESS 59 W. 5TH ST.  
CITY-ST-ZIP HIALEAH FL 33010 ☒ DELETE

TITLE CD  
NAME LOPEZ, VINCE  
STREET ADDRESS 150 W. FLAGLER DRIVE #1820  
CITY-ST-ZIP MIAMI FL 33130 ☒ DELETE

TITLE CED  
NAME KELLY, ROBERT H  
STREET ADDRESS 5979 NW 151ST STREET #110  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ DELETE

TITLE VCD  
NAME CHANEY, ROBERT K  
STREET ADDRESS 5979 NW 151ST STREET  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☒ DELETE

TITLE VCD  
NAME GUANCHEZ, GUSTAVO  
STREET ADDRESS 7500 NW 25TH STREET #104  
CITY-ST-ZIP MIAMI FL 33122 ☒ DELETE

TITLE TD  
NAME ANTORCHA, MARTA C  
STREET ADDRESS 755 NW 72ND AVENUE  
CITY-ST-ZIP MIAMI FL 33126 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCEO  
1.2 NAME Broleman, Arlene ☒ Change ☐ Addition  
1.3 STREET ADDRESS 59 W 5th St  
1.4 CITY-ST-ZIP Hialeah, FL 33010

2.1 TITLE Kelly, Robert H ☒ Change ☐ Addition  
2.2 NAME 15121 Montrose Rd  
2.3 STREET ADDRESS Miami Lakes FL  
2.4 CITY-ST-ZIP 33016 Chairman D

3.1 TITLE Elay Villalobos ☒ Change ☐ Addition  
3.2 NAME 9250 W Flagler St  
3.3 STREET ADDRESS Miami FL 33174 Chairman Effect  
3.4 CITY-ST-ZIP PO Box 029100 33102 D

4.1 TITLE R. ☒ Change ☐ Addition  
4.2 NAME Richard Sanz  
4.3 STREET ADDRESS 200 S Biscayne Blvd  
4.4 CITY-ST-ZIP Miami 33131 D

5.1 TITLE 2nd VP ☒ Change ☐ Addition  
5.2 NAME Mitzi Lannets  
5.3 STREET ADDRESS Main Street  
5.4 CITY-ST-ZIP Miami Lakes 33014

6.1 TITLE Albeno Herrera ☒ Change ☐ Addition  
6.2 NAME 1780 W 49th St  
6.3 STREET ADDRESS Hialeah 33012  
6.4 CITY-ST-ZIP

14. I do 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

7/23/97

CR2E037 (4/97)