

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).

FILED  
 Aug 01 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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.  
 22 City & State 27 City & State  
 23 Zip 28 Zip Country 29 Country 30 Country

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  
 7. 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  
 BERTOT, MARIELENA  
 59 W. 5TH ST.  
 HIALEAH FL 33010

10. Name and Address of New Registered Agent  
 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTOT, MARIELENA	1.2 NAME	Broleman, Arlene
STREET ADDRESS	59 W. 5TH ST.	1.3 STREET ADDRESS	59 W 5th St
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	Hialeah, FL 33010
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Kelly, Robert H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, VINCE	2.2 NAME	15127 Montrose Rd
STREET ADDRESS	150 W. FLAGLER DRIVE #1820	2.3 STREET ADDRESS	Miami Lakes FL 33016
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	Chairman D
TITLE	CEO <input type="checkbox"/> DELETE	3.1 TITLE	Eloy Villasuso <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, ROBERT H	3.2 NAME	9250 W Flagler St
STREET ADDRESS	5979 NW 151ST STREET #110	3.3 STREET ADDRESS	Miami FL 33174
CITY-ST-ZIP	MIAMI LAKES FL 33014	3.4 CITY-ST-ZIP	PO Box 029100 33102
TITLE	VCD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	150 VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANEY, ROBERT K	4.2 NAME	Richard Sanz
STREET ADDRESS	5979 NW 151ST STREET	4.3 STREET ADDRESS	200 S Biscayne Blvd
CITY-ST-ZIP	MIAMI LAKES FL 33014	4.4 CITY-ST-ZIP	Miami 33131
TITLE	VCD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	2nd VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUANCHEZ, GUSTAVO	5.2 NAME	Hitzel Haunets
STREET ADDRESS	7500 NW 25TH STREET #104	5.3 STREET ADDRESS	Main Street
CITY-ST-ZIP	MIAMI FL 33122	5.4 CITY-ST-ZIP	Miami Lakes 33014
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Albeno Herrera <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTORCHA, MARTA C	6.2 NAME	1780 W 49th St
STREET ADDRESS	755 NW 72ND AVENUE	6.3 STREET ADDRESS	Hialeah 33012
CITY-ST-ZIP	MIAMI FL 33126	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 [Signature] SIGNATURE REQUIRED 7/23/97

CR2E037 (4/97)