

FILE NOW: FILING FEE IS \$61.25

Amended

APPROVED AND FILED

97 DEC -1 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 703747
1. Corporation Name
Hialeah Miami Springs Northwest Dade Area Chamber of Commerce

Principal Place of Business Mailing Address
59 W 54 ST Hialeah FL 33010 Same

200002368862-3
-12/10/97--01103--021
*****61.25 *****61.25

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. Same
22. City & State Hialeah FL
23. Zip 33010 Country USA
24. 25. 29. 30.

3. Date Incorporated or Qualified 7/12/51 3a. Date of Last Report
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
N/A

10. Name and Address of New Registered Agent
81. Name Arline Brolesman
82. Street Address (P.O. Box Number is Not Acceptable) 15405 Miami Lakesway N #1111
83.
84. City Miami Lakes FL 85. Zip Code 33010

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *Arline Brolesman* DATE 10/22/97
(NOT) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		DELETE
TITLE	Chairman	<input checked="" type="checkbox"/>
NAME	Robert H Kelly	
STREET ADDRESS	15127 Montrose Rd	
CITY-ST-ZIP	Miami Lakes FL 33016	
TITLE	Past Chairman	<input checked="" type="checkbox"/>
NAME	Vincanthony Jr	
STREET ADDRESS	160W Flagler St #1820	
CITY-ST-ZIP	Miami FL 33130	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Vice Chairman	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Alex Abraham		
1.3 STREET ADDRESS	7232 NW 66 St		
1.4 CITY-ST-ZIP	Miami 33		
2.1 TITLE	Vice Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Hiriam Cosio		
2.3 STREET ADDRESS	667E 25th St		
2.4 CITY-ST-ZIP	Hialeah FL 33013		
3.1 TITLE	Floyd Villasuso, Jr	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Chairman of the Board		
3.3 STREET ADDRESS	9250 W Flagler St		
3.4 CITY-ST-ZIP			
4.1 TITLE	Reed Gordon	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Gordon & Co - Treasurer		
4.3 STREET ADDRESS	7975 N.W. 154 St #340		
4.4 CITY-ST-ZIP	Miami Lakes FL 33016		
5.1 TITLE	Richard Sanz	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Chairman Elect		
5.3 STREET ADDRESS	2005 Biscayne Blvd		
5.4 CITY-ST-ZIP	Miami FL 33131		
6.1 TITLE	Hilzi Laurents	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Don Shukstrol		
6.3 STREET ADDRESS	Main Street		
6.4 CITY-ST-ZIP	Miami Lakes FL 33014		

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: *Arline Brolesman* DATE 10/21/97 305-887-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/96)