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Mar 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703747

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

Principal Place of Business 59 W. 5TH ST. HIALEAH FL 33010	Mailing Address 59 W. 5TH ST. HIALEAH FL 33010
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/19/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0656628
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BROLEMAN, ARLINE 15405 MIAMI LAKE WAY N. #111 MIAMI LAKES FL 33010	10. Name and Address of New Registered Agent 81 Name Arline Broleman 82 Street Address (P.O. Box Number is Not Acceptable) 7946 East Dr # 204 83 No Bay Village 84 City FL 85 Zip Code 33141
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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 *Arline Broleman* DATE *4/6/99*

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	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAHAM, ALEX A	1.2 NAME	
STREET ADDRESS	7232 N.W. 56TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33013	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSIO, MIRIAM	2.2 NAME	
STREET ADDRESS	651 E. 25TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLASASO, ELOY JR.	3.2 NAME	
STREET ADDRESS	9250 FLAGLER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, REED	4.2 NAME	
STREET ADDRESS	7975 N.W. 154 STREET #340	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANZ, RICHARD	5.2 NAME	Chairman - Elect
STREET ADDRESS	200 S. BISCAYNE BLVD.	5.3 STREET ADDRESS	Esperanza Palmen-yera
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	7220 Nw 36th Street #400 Miami 33166
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUNERTS, MITZI	6.2 NAME	Chairman
STREET ADDRESS	MAIN STREET	6.3 STREET ADDRESS	Vincent Lopez Jr
CITY-ST-ZIP	MIAMI LAKES FL 33014	6.4 CITY-ST-ZIP	150 W Flagler St. # 1820 Miami 33130

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: *Arline Broleman* SIGNATURE REQUIRED: *Arline Broleman* DATE: *4/6/99* DAYTIME PHONE #: *305-887-1515*

CR2E037 (1/198)