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CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

1995

7-20-95

B-7885-88

FILED

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TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 704866

(3)

1. Corporation Name

THE MIAMI COUNCIL FOR INTERNATIONAL VISITORS, INC.

Principal Place of Business

Mailing Address

555 NE 15TH ST., SUITE G-7
MIAMI FL 33132

555 NE 15TH ST., SUITE G-7
MIAMI FL 33132

3. Date Incorporated or Qualified

05/20/1959

3a. Date of Last Report

05/20/1994

4. FEI Number

59-6153212

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 300 NE 2 AVE

26 Suite, Apt. #, etc.

22 ROOM 1412

27 Suite, Apt. #, etc.

23 MIAMI, FL

28 City & State

24 33132

29 U.S.

25 U.S.

30 Country

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. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROVIN, GARY B.
9100 S. DADELAND BLVD., #400
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WILLIG, DAVID S
STREET ADDRESS	141 NE 3RD AVE 10TH FLR
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	PUELLO-CAPONE, LUCY
STREET ADDRESS	20120 BEL AIRE DR
CITY - ST - ZIP	MIAMI FL
TITLE	VPD
NAME	MILLER, ALEXANDER
STREET ADDRESS	11703 NE 11 PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	VPD
NAME	WILLIAMS, MARGO
STREET ADDRESS	8411 NW 8TH ST APT 1389
CITY - ST - ZIP	MIAMI FL
TITLE	VPD
NAME	THOMAS, LORENZO
STREET ADDRESS	11533 SW 72ND COURT
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	NICHOLS, CHARLES
STREET ADDRESS	8100 SW 151ST STREET
CITY - ST - ZIP	MIAMI FL

11 TITLE	PD
12 NAME	LUCY PUELLO-CAPONE
13 STREET ADDRESS	20120 BEL AIRE DR.
14 CITY - ST - ZIP	MIAMI, FL
21 TITLE	VPD
22 NAME	JUDITH STEIN
23 STREET ADDRESS	3500 N 46 AVE
24 CITY - ST - ZIP	HOLLYWOOD, FL 33021
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	VPD
42 NAME	DR. MARIA A. CASTAIGNE
43 STREET ADDRESS	55 S.W. 31 ROAD
44 CITY - ST - ZIP	MIAMI, FL 33129
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 118.07(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:

David S. Willig, President

1/30/95 (30) 607-7775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type Name)