

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704866 (3)
1. Corporation Name
THE MIAMI COUNCIL FOR INTERNATIONAL VISITORS, IN
C.



Principal Place of Business Mailing Address
300 NE 2ND AVE 300 NE 2ND AVE
ROOM 1412 ROOM 1412
MIAMI FL 33132 MIAMI FL 33132
US US

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
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
05/20/1959 07/20/1995
4. FEI Number Applied For
59-6153212 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

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 500001887115
-07/09/96--01027--024
84 City ***61.25 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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PUELLO-CAPONE, LUCY	20120 BEL AIRE DR	MIAMI FL	<input checked="" type="checkbox"/>
VPD	STEIN, JUDITH	3500 N 46TH AVE	HOLLYWOOD FL	<input checked="" type="checkbox"/>
VPD	MILLER, ALEXANDER	11703 NE 11 PLACE	MIAMI FL	<input checked="" type="checkbox"/>
VPD	CASTAIGNE, DR MARIA A	55 SW 31ST RD	MIAMI FL	<input checked="" type="checkbox"/>
VPD	THOMAS, LORENZO	11533 SW 72ND COURT	MIAMI FL	<input checked="" type="checkbox"/>
TD	NICHOLS, CHARLES	8100 SW 151ST STREET	MIAMI FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	MILLER, ALEXANDER	11703 NE 11 PLACE	MIAMI, FL. 33161	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PE.	Tyrone Backers	11380 N.W. 27th Avenue	MIAMI, FL 33167	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	CHARLES, NICHOLS	8100 SW 151st Street	MIAMI, FL 33158	<input type="checkbox"/>	<input type="checkbox"/>
S.	Madeline Carcillo	3000 GRANADA Blvd.	COGAL Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BD	CASTAIGNE, DR MARIA	55 SW. 31st Rd	Miami FL. 33129	<input type="checkbox"/>	<input type="checkbox"/>
BD	Connie Davis	2347 N.W. 84 Street	MIAMI, FL 33147	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

SIGNATURE: ALEXANDER MILLER 6/23/96 (305) 887-2383