FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name 704866

(3)

THE MIAMI COUNCIL FOR INTERNATIONAL VISITORS, IN

Principal Place of Business		Mailing Address	Mailing Address							
300 NE 2ND AV	ut	300 NE 2ND AVE			l					
ROOM 1412		ROOM 1412			- 1					
MIAMI FL 33132	2	MIAMI FL 33132-2204			1		·			
U\$		US				3. Date Incorporated or Qualified 05/20/1959	3a. Date 07	of Last Re <mark>'/08/19</mark> 9		
· ·	Place of Business	2a. Mailing Address				4. FEI Number	-4	Ap	plied For	
21		26				59-6153212		_ 	t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
City & State		27					<u> </u>	Fee Re		
City & State	a	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00	May Be	
Zιρ	Country	***************************************				Trust Fund Contribution Added to Fees B. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30				Yes []		199.002,	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg				
			81	Nan	ne					
ROVIN, GARY B.				Stre	et Addres	ss (P.O. Box Number is Not Acceptab	le)			
	DADELAND BLVD., #400									
MIAMI FL	∟ 33156		83							
			84	City	,			85 Zip C	Code	
11. Pursuant I	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	tes the abov	e-nam	ed corpo	ration submits this statement for the n	TL	enging its	haratsinas s	
office or re	to the provisions of Sections 617.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	of Florida, Such change was r	authorized b	y the c	orporation	n's board of directors. I hereby accep	t the appoin	tment as	registered	
	The familiar with, and accept the obligation	IOHS OF, SUCHOIT OT A LUGUS, THE	Office Statutes	δ.					ļ	
SIGNATURE _	Signature typed or printed name of registered agent	ent tions	ture required	f when reinstating)	DATE	···-				
12.	OFFICERS AND		13.		100 100	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		P	The state of the s		Change	☐ Addition	
NAME	MILLER, ALEXANDER		1.2 NAME		1 -	LER, ALEXANDER				
STREET ADDRESS	11703 NE 11 PLACE		1.3 STREET	FADDRES		-				
CITY-ST-ZIP	MIAMI FL 33161		1.4 CITY - S		111/	03 N.E. 11 Place				
TITLE	Р	DELETE	2.1 TITLE	,, s.,	M18	mi, FL 33161	Ŋ.	Change	Addition	
NAME	BACKERS, TYRONE		2.2 NAME		BAC	KERS, TYRONE	70.00			
STREET ADDRESS	11380 NW 27TH AVE.		2.3 STREET	r Adores		80 N.W. 27th Ave.				
CITY-ST-ZIP	MIAMI FL 33167		2.4 CITY-1			mi. FL 33167				
TITLE	BD	DELETE	3.1 TITLE	J1 4	BD	Mts ## 33191		Change	Addition	
NAME	DAVIS, CONNIE		32 NAME			de comite			Lane 1 1000	
STREET ADDRESS	2347 NW 84TH ST.		3.3 STREET			is, CONNIE				
CITY-S1-2IP	MIAMI FL 33147		3.4. City-5		1234	7 N.W. 84th Street mi, FL 33147				
TITLE	D	☐ DELETE	4.1 TITLE	<u> </u>	D D	ml, st 3314/		Change	Addition	
NAME	CASTAIGNE, DR MARIA A		4 2 NAME		1-	totale So Walte to				
STREET ADDRESS	55 SW 31ST RD		4.3 STREET	ADDRES	Cab	taigne, Dr. Maria A.				
CITY-ST-ZIP	MIAMI FL 33134		4.4 City-S		100	S.W. 31st. Rd. mi. FL 33134				
TITLE	8	DELETE	5.1 TITLE	·	S	ULL - FL - 3 - 1 34	Q.	Change	Addition	
NAME	CARCILLO, MADELINE		5.2 NAME		I -	RILLO, MADELINE	21.	-		
STREET ADDRESS	3000 GRANADA BLVD.		5.3 STREET	ADDRES	٠ <u>٠</u> ا					
CITY-ST-ZIP	CORAL GABLES FL 33134		5.4 CITY - S	ST-ZIP		O Granada Blvd. al Gables. FL 33134				
TITLE	TD	☐ DELETE	6.1 TITLE		TD	M. M. 14 M. A. 15 J	V	Change	☐ Addition	
NAME.	NICHOLS, CHARLES		6.2 NAME			UNIC CUADITE	•-			
STREET ADDRESS	8100 SW 151ST STREET		6.3 STREET	ADDRES		HOLS, CHARLIE				
CITY-ST-ZIP	MIAMI EL 22150		4 . 5.7.		OTO	O S.W. 151st. Street				
14. I do hereb	by certify that the information supplied	with this filing does not qualif	ty for the exe	motio	n stated in	Section 19.07(3)(1). Florida Statutes	. I further ce	rtify that t	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 path; 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.										
appours in	I DIOCK IE OF DIOCK TO IT CHAINGOU, OF C	NI SUI SITSCHIMOUT MILL BET SON	Tiess. / 1	l.						

SIGNATURE:

5-15-97 (305)251-7087

FILED

May 20 1997 8:00am

Secretary of State