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May 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
ROOM 1412
MIAMI FL 33132
US

300 NE 2ND AVE
ROOM 1412
MIAMI FL 33132
US

3. Date Incorporated or Qualified

05/20/1959

4. FEI Number

59-6153212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 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 P
NAME MILLER, ALEXANDER
STREET ADDRESS 11703 NE 11 PLACE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE V
NAME BACKERS, TYRONE
STREET ADDRESS 11380 NE 27TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE BD
NAME DAVIS, CONNIE
STREET ADDRESS 2347 NW 84TH ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME CASTAIGNE, DR MARIA A
STREET ADDRESS 55 SW 31ST RD
CITY-ST-ZIP MIAMI FL 33134

☐ DELETE

TITLE S
NAME CARRILLO, MADELINE
STREET ADDRESS 3000 GRANADA BLVD.
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE TD
NAME NICHOLS, CHARLIE
STREET ADDRESS 8100 SW 151ST STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P. Tyrone Backers
1.2 NAME
1.3 STREET ADDRESS 11380 N.W. 27th Avenue
1.4 CITY-ST-ZIP Miami, FL

☒ Change

☐ Addition

2.1 TITLE V
2.2 NAME Richard Sarka
2.3 STREET ADDRESS 12305 S.W. 255th Terr.
2.4 CITY-ST-ZIP Miami, FL

☒ Change

☐ Addition

3.1 TITLE P.P.
3.2 NAME Miller, Alexander
3.3 STREET ADDRESS 255 Galen Dr.
3.4 CITY-ST-ZIP Key Biscaine, FL

☒ Change

☐ Addition

4.1 TITLE BD
4.2 NAME Davis, Connie
4.3 STREET ADDRESS 2347 N.W. 84th
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE BD
5.2 NAME Castaigne, Maria
5.3 STREET ADDRESS 55 S.W. 31st. Road, Miami, FL
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE TD
6.2 NAME Nichols, Charlie
6.3 STREET ADDRESS 8100 S.W. 151street
6.4 CITY-ST-ZIP Miami, FL

☐ Change

☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/98 (305) 379-46-10

Date

Daytime Phone # 0026746

CR2E037 (10/97)