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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704866

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

2. Principal Place of Business 21	2a. Mailing Address 26 300 NE 2nd Ave	3. Date Incorporated or Qualified 05/20/1959
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Room 1602	4. FEI Number 59-6153212 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 33136 Country 30 U.S.	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAKCERS, P TYRONE		1.2 NAME		
STREET ADDRESS	11380 N W 27TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SARKA, RICHARD		2.2 NAME		
STREET ADDRESS	12305 SW 255TH TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	PP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ALEXANDER		3.2 NAME		
STREET ADDRESS	255 GALEN DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		3.4 CITY-ST-ZIP		
TITLE	BD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, CONNIE		4.2 NAME		
STREET ADDRESS	2347 N W 84TH		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CASTAIGNE, MARIA		5.2 NAME		
STREET ADDRESS	55 S W 31ST RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, CHARLIE		6.2 NAME		
STREET ADDRESS	8100 S W 151ST ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED — 4/9/99 — (305) 379-4610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tyrone K Backers
ma.