2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# 704866

Entity Name: THE MIAMI COUNCIL FOR INTERNATIONAL VISITORS, INC.

Current Principal Place of Business:

2000 PONCE DE LEON BOULEVARD
6TH FLOOR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2000 PONCE DE LEON BOULEVARD
6TH FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-6153212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALVAREZ, ANNETTE G
2000 PONCE DE LEON BLVD.
6TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: RENDEIRO, CAROLINA
Address: 2000 PONCE DE LEON BLVD., 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: P ( ) Delete
Name: PRKIC, CHRISTINA MS.
Address: 2000 PONCE DE LEON BLVD., 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: STEARNS, JANET
Address: 2000 PONCE DE LEON BLVD., 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete
Name: FINE, SHARON MS.
Address: 2000 PONCE DE LEON BLVD., 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MACPHAIL, GAVIN
Address: 2000 PONCE DE LEON BLVD., 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: P (X) Change ( ) Addition
Name: STEARNS, JANET
Address: 2000 PONCE DE LEON BLVD., 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE G ALVAREZ ED 05/09/2007

Electronic Signature of Signing Officer or Director — Date