

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 708907 (1)**  
1. Corporation Name  
**GREATER MIAMI CHAMBER OF COMMERCE, INC.**



Principal Place of Business <b>1601 BISCAYNE BLVD MIAMI FL 33132</b>	Mailing Address <b>1601 BISCAYNE BLVD MIAMI FL 33132-1224</b>
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/06/1965</b>	3a. Date of Last Report <b>03/08/1996</b>
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-0358775</b>	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29. Suite, Apt #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**9. Name and Address of Current Registered Agent**  
**CULLOM, WILLIAM O**  
**1601 BISCAYNE BLVD**  
**MIAMI FL 33132**

**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 **1-7-97**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CULLOM, WILLIAM	
STREET ADDRESS	1601 BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, BARRY	
STREET ADDRESS	2333 PONCE DE LEON BLVD, #938	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MCGOYA, CARLOS	
STREET ADDRESS	200 S BISCAYNE BLVD., MC 6207	
CITY - ST - ZIP	MIAMI FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	COORDS, ROBERT	
STREET ADDRESS	777 BRICKELL AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	9100 S. DADELAND BLVD, # 1410	
2.4 CITY - ST - ZIP	MIAMI, FL 33156	
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIGOYA, CARLOS	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOLZBERG, ANDELE	
4.3 STREET ADDRESS	1601 BISCAYNE BLVD.	
4.4 CITY - ST - ZIP	MIAMI, FL 33132	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE **3/5/97** Daytime Phone # **305 950-7700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)