

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714051 (0)
1. Corporation Name
ADVERTISING FEDERATION OF GREATER MIAMI, INC.



Principal Place of Business

Mailing Address

~~2050 CORAL WAY #403~~
~~MIAMI FL 33145~~

~~2050 CORAL WAY #403~~
~~MIAMI FL 33145~~

2. Principal Place of Business		2a. Mailing Address	
21 901 Northpoint Pkwy.	26 901 Northpoint Pkwy.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Suite 102	27 Suite 102		
City & State		City & State	
23 West Palm Beach, FL	28 West Palm Beach, FL		
Zip	Country	Zip	Country
24 33407	25 USA	29 33407	30 USA

3. Date Incorporated or Qualified 02/01/1968	3a. Date of Last Report 04/27/1995
4. FEI Number 59-2436156	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CHISHMARK, GEORGE
901 NORTHPOINT PARKWAY
STE 102
WEST PALM BEACH FL 33407

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

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	TD	☐ DELETE
NAME	OLSTER, MARNIE	
STREET ADDRESS	1201 BRICKELL AVE., 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	☒ DELETE
NAME	SCOTT, LINDA	
STREET ADDRESS	20450 N.W. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☒ DELETE
NAME	ROSE, PATRICIA	
STREET ADDRESS	234 ALESIO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	☒ DELETE
NAME	KOVARIK, SUSAN	
STREET ADDRESS	800 E. BROWARD BLVD., STE 506	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	☐ DELETE
NAME	FIGUERA, MAURICIO	
STREET ADDRESS	825 S. BAYSHORE DRIVE, #843	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	Olster, Marnie	
13 STREET ADDRESS	1201 Brickell Ave., 5th Floor	
14 CITY-ST-ZIP	Miami, FL	
21 TITLE	VPD	☐ Change ☒ Addition
22 NAME	Kamilar, Wendy	
23 STREET ADDRESS	2055 Lee Street	
24 CITY-ST-ZIP	Hollywood, FL	
31 TITLE	TD	☐ Change ☒ Addition
32 NAME	Shapiro, Sara	
33 STREET ADDRESS	6728 Main Street	
34 CITY-ST-ZIP	Miami Lakes, FL	
41 TITLE	VPD	☐ Change ☒ Addition
42 NAME	Flanagan, Jim	
43 STREET ADDRESS	2660 Brickell Avenue	
44 CITY-ST-ZIP	Miami, FL	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

George E. Chishmark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Date

Daytime Phone #

CR2E037 (12/95)