

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **714051** (0)
1. Corporation Name
ADVERTISING FEDERATION OF GREATER MIAMI, INC.

Principal Place of Business

**901 NORTHPOINT PKWY
SUITE 102
WEST PALM BEACH FL 33407
US**

Mailing Address

**901 NORTHPOINT PKWY
SUITE 102
WEST PALM BEACH FL 33407-1970
US**3. Date Incorporated or Qualified
02/01/19683a. Date of Last Report
03/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip**24** Country

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip**29** Country

4. FEI Number

59-2436156

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. 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 **PD** ☒ DELETE
NAME **OLSTER, MARNIE**
STREET ADDRESS **1201 BRICKELL AVENUE 5TH FLOOR**
CITY-ST-ZIP **MIAMI FL**TITLE **VPD** ☐ DELETE
NAME **KAMILAR, WENDY**
STREET ADDRESS **2055 LEE STREET**
CITY-ST-ZIP **HOLLYWOOD FL**TITLE **TD** ☒ DELETE
NAME **SHAPIRO, SARA**
STREET ADDRESS **6728 MAIN STREET**
CITY-ST-ZIP **MIAMI LAKES FL**TITLE **VPD** ☒ DELETE
NAME **FLANAGAN, JIM**
STREET ADDRESS **2660 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI 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

1.1 TITLE **VPD** ☐ Change ☒ Addition
1.2 NAME **NOONAN, BRUCE**
1.3 STREET ADDRESS **2100 CORAL WAY, PH**
1.4 CITY-ST-ZIP **MIAMI, FL 33145**2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **KAMILAR, WENDY**
2.3 STREET ADDRESS **2055 LEE STREET**
2.4 CITY-ST-ZIP **HOLLYWOOD, FL 33020**3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **SLOANE, STEVE**
3.3 STREET ADDRESS **8600 N.W. 53RD TERRACE, #200**
3.4 CITY-ST-ZIP **MIAMI, FL 33166**4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **ALBURY, LORAIN**
4.3 STREET ADDRESS **770 S. DIXIE HIGHWAY, STE. 109**
4.4 CITY-ST-ZIP **CORAL GABLES, FL 33146**5.1 TITLE **VPD** ☐ Change ☒ Addition
5.2 NAME **IZARD, MARK**
5.3 STREET ADDRESS **10455 N.W. 12 STREET**
5.4 CITY-ST-ZIP **MIAMI, FL 33172**6.1 TITLE ☐ Change ☐ 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:

Wendy Kamilar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040448

CR2E037 (9/96)