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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **714051**

1. Corporation Name
ADVERTISING FEDERATION OF GREATER MIAMI, INC.

Principal Place of Business	Mailing Address
901 NORTJPOINT PKWY SUITE 102 WEST PALM BEACH FL 33407 US	901 NORTHPOINT PKWY SUITE 102 WEST PALM BEACH FL 33407 US

2. Principal Place of Business 21 5900 SW 73 Street	2a. Mailing Address 26 5900 SW 73 Street	3. Date Incorporated or Qualifed 02/01/1968
Suite, Apt. #, etc. 22 Suite 106	Suite, Apt. #, etc. 27 Suite 106	4. FEI Number 59-2436156 ☐ Applied For ☐ Not Applicable
City & State 23 South Miami, FL	City & State 28 South Miami, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33143 Country 25 USA	Zip 29 33143 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Dara E. Barnes
82 Street Address (P.O. Box Number is Not Acceptable): 5900 SW 73 Street
83: Suite 106
84 City: South Miami **FL** 85 Zip Code: 33143

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] 3/18/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	PRESIDENT-ELECT	☒ Change ☐ Addition
NAME	CALIGIURI, DENISE		1.2 NAME		
STREET ADDRESS	6796 SW 62ND AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	MICHAEL SAVITZ VICE PRESIDENT	☐ Change ☒ Addition
NAME	MADRAZO, ANDRES		2.2 NAME		
STREET ADDRESS	14600 SW 63 COURT		2.3 STREET ADDRESS	1175 NE 125ST #400	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	SD	☒ DELETE	3.1 TITLE	MICHAEL GOLD TREASUR	☐ Change ☒ Addition
NAME	SLOANE, STEVE		3.2 NAME		
STREET ADDRESS	3900 BISCAYNE BLVD		3.3 STREET ADDRESS	112 NE 41 STREET	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	IZARD, MARK		4. 2 NAME		
STREET ADDRESS	10455 NW 12 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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] SIGNATURE REQUIRED March 22, 99 (305)669-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #