

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:38

DOCUMENT # 715140 (0)

1. Corporation Name

NORTH DADE CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

290 CHAMBER ROAD
P.O. BOX 69-3116
MIAMI FL 33169-7116

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P.O. BOX 69-3116
MIAMI FL 33169-7116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/21/1968** 3a. Date of Last Report **04/11/1994**
4. FEI Number **59-1855726** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country
24 25 28 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLS, LAURA
290 CHAMBER ROAD
MIAMI FL 33169

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**
NAME **KELLY, TERENCE**
STREET ADDRESS **290 CHAMBER RD., #M300**
CITY- ST- ZIP **MIAMI FL**
TITLE **SO**
NAME **CUTLER, CAROL ELLIS**
STREET ADDRESS **290 CHAMBER RD., #M300**
CITY- ST- ZIP **MIAMI FL**
TITLE **VD**
NAME **PHILLIPS, CAESAR**
STREET ADDRESS **290 CHAMBER RD., #M300**
CITY- ST- ZIP **HOLLYWOOD FL**
TITLE **VD**
NAME **HOLLOWAY, WILBERT**
STREET ADDRESS **290 CHAMBER RD., #M300**
CITY- ST- ZIP **AVENTURA FL**
TITLE **PD**
NAME **JACOBSON, HARVEY**
STREET ADDRESS **11550 NW 38TH AVE**
CITY- ST- ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
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 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; the receiver or trustee empowered to execute this report as required by Chapter B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Laura Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name #)