

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 715140 (0)
1. Corporation Name
NORTH DADE CHAMBER OF COMMERCE, INC.



Principal Place of Business: 290 CHAMBER ROAD, P.O. BOX 69-3116, MIAMI FL 33169-7116
Mailing Address: 290 CHAMBER ROAD, P.O. BOX 69-3116, MIAMI FL 33169-7116

3. Date Incorporated or Qualified: 08/21/1968
3a. Date of Last Report: 04/14/1995
4. FE# Number: 59-1855726
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

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: NICHOLS, LAURA, 290 CHAMBER ROAD, MIAMI FL 33169

10. Name and Address of New Registered Agent: Cuson, R. Terry, 290 Chamber Road, Suite M 300, P.O. Box 69-3116, Miami, FL 33169-7116

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: R. Terry Cuson (Signature) 4-15-96 (Date)

12. OFFICERS AND DIRECTORS

TITLE: VD	NAME: KELLY, TERENCE	STREET ADDRESS: 290 CHAMBER RD., #M300	CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE
TITLE: SD	NAME: CUTLER, CAROL ELLIS	STREET ADDRESS: 290 CHAMBER RD., #M300	CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE
TITLE: VD	NAME: PHILLIPS, CAESAR	STREET ADDRESS: 290 CHAMBER RD., #M300	CITY-ST-ZIP: HOLLYWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE: VD	NAME: HOLLOWAY, WILBERT	STREET ADDRESS: 290 CHAMBER RD., #M300	CITY-ST-ZIP: AVENTURA FL	<input type="checkbox"/> DELETE
TITLE: PD	NAME: JACOBSON, HARVEY	STREET ADDRESS: 11550 NW 36TH AVE	CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: 100001786721	1.2 NAME: -04/19/96--01019--002	1.3 STREET ADDRESS: ***70.00	1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: VD	2.2 NAME:	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: S	3.2 NAME: Boylan, Michael	3.3 STREET ADDRESS: 290 Chamber Road, #M300	3.4 CITY-ST-ZIP: Miami, FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: C	4.2 NAME: Holloway, Wilbert	4.3 STREET ADDRESS: 290 Chamber Rd., #M300	4.4 CITY-ST-ZIP: Miami, FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: T	5.2 NAME: Gopman, Glenn	5.3 STREET ADDRESS: 290 Chamber Rd., #M300	5.4 CITY-ST-ZIP: Miami, FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE: P	6.2 NAME: Cuson, R. Terry	6.3 STREET ADDRESS: 290 Chamber Rd., #M300	6.4 CITY-ST-ZIP: Miami, FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: R. Terry Cuson (Signature) 4-4-96 (Date) 949-3355 (Daytime Phone #)

CR2E037 (12/95)