

4-11-97 B 4407-C
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Apr 11 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33169-6457
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3. Date Incorporated or Qualified 08/21/1968	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 18350 NW 2nd Avenue Suite, Apt. #, etc. 22 P.O. Box 69-3116 City & State 23 Miami, FL Zip 24 33169	2a. Mailing Address 26 18350 NW 2nd Avenue Suite, Apt. #, etc. 27 P.O. Box 69-3116 City & State 28 Miami, FL Zip 29 33169
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4. FEI Number 59-1855726	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CUSON, TERRY R
290 CHAMBER ROAD SUITE M 300
P.O. BOX 69-3116
MIAMI FL 33169-7116

10. Name and Address of New Registered Agent

81 Name	Cuson, Terry R
82 Street Address (P.O. Box Number is Not Acceptable)	18350 NW 2nd Ave. Suite 600
83	P.O. Box 69-3116
84 City	Miami, FL
85 Zip Code	33169

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, TERENCE	
STREET ADDRESS	290 CHAMBER RD., #M300	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CUTLER, CAROL ELLIS	
STREET ADDRESS	290 CHAMBER RD., #M300	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOYLAN, MICHAEL	
STREET ADDRESS	290 CHAMBER RD #M300	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, WILBERT	
STREET ADDRESS	290 CHAMBER RD., #M300	
CITY-ST-ZIP	AVENTURA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CUSON, TERRY R	
STREET ADDRESS	290 CHAMBER RD. #M300	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GOPMAN, GLENN	
STREET ADDRESS	290 CHAMBER RD. #M300	
CITY-ST-ZIP	MIAMI FL 33169	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Aguilar, Giselle	
1.3 STREET ADDRESS	18350 NW 2nd Ave. Ste. 600	
1.4 CITY-ST-ZIP	Miami, FL 33169	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Keef, Jay	
2.3 STREET ADDRESS	18350 NW 2nd Ave., Suite 600	
2.4 CITY-ST-ZIP	Miami, FL 33169	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vogel, Barry	
3.3 STREET ADDRESS	18350 NW 2nd Ave., Suite 600	
3.4 CITY-ST-ZIP	Miami, FL 33169	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	18350 NW 2nd Ave., Suite 600	
4.4 CITY-ST-ZIP	Miami, FL 33169	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	18350 NW 2nd Ave., Suite 600	
5.4 CITY-ST-ZIP	Miami, FL 33169	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert Adler	
6.3 STREET ADDRESS	18350 NW 2nd Ave., Suite 600	
6.4 CITY-ST-ZIP	Miami, FL 33169	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 4-4-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: TERRY R CUSON (305) 690-9123

CR2E037 (9/96)