

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>18350 NW 2ND AVENUE P.O. BOX 69-3116 MIAMI FL 33169 US</b>	Mailing Address <b>18350 NW 2ND AVENUE P.O. BOX 69-3116 MIAMI FL 33169 US</b>
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3. Date Incorporated or Qualified <b>08/21/1968</b>		
4. FEI Number <b>59-1855726</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**CUSON, TERRY R  
18350 NW 2ND AVE., SUITE 600  
P.O. BOX 69-3116  
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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: *Terry Cuson, Pres.* DATE: **1/14/98**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>GISELLE, AGUIAR</b>	
STREET ADDRESS	<b>18350 NW 2ND AVE., STE. 600</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>KEEF, JAY</b>	
STREET ADDRESS	<b>18350 NW 2ND AVE., STE. 600</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>VOGEL, BARRY</b>	
STREET ADDRESS	<b>18350 NW 2ND AVE., STE. 600</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOLLOWAY, WILBERT</b>	
STREET ADDRESS	<b>18350 NW 2ND AVE., STE. 600</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>CUSON, TERRY R</b>	
STREET ADDRESS	<b>18350 NW 2ND AVE., STE. 600</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>ADLER, ROBERT</b>	
STREET ADDRESS	<b>18350 NW 2ND AVE., STE. 600</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

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	<b>GLENN H. GOPMAN</b>	
1.3 STREET ADDRESS	<b>20451 NW 2 AVE, SUITE 201</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33169</b>	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JEANNETTE CARR</b>	
2.3 STREET ADDRESS	<b>776 NE 125 STREET</b>	
2.4 CITY-ST-ZIP	<b>NORTH MIAMI, FL 33161</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MICHAEL T BOYLAN</b>	
4.3 STREET ADDRESS	<b>14901 NE 20TH AVE</b>	
4.4 CITY-ST-ZIP	<b>NORTH MIAMI, FL 33181</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 registrar 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: *[Signature]* **1-14-98 (305) 690-9123**

CP2E037 (10/97)