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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 715140

1. Corporation Name

NORTH DADE CHAMBER OF COMMERCE, INC.

Principal Place of Business

18350 NW 2ND AVENUE  
P.O. BOX 69-3116  
MIAMI FL 33169  
US

Mailing Address

18350 NW 2ND AVENUE  
P.O. BOX 69-3116  
MIAMI FL 33169  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/21/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1855726

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUSON, TERRY R  
18350 NW 2ND AVE., SUITE 600  
P.O. BOX 69-3116  
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 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, as 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, 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 VD  DELETE  
NAME COPMAN, GLENN H  
STREET ADDRESS 20451 NW 2 AVE, SUITE 201  
CITY-ST-ZIP MIAMI FL 33169

1.1 TITLE  Change  Addition  
1.2 NAME MICHAEL BOYAR  
1.3 STREET ADDRESS 18350 NW 2ND AVE. STE 600  
1.4 CITY-ST-ZIP MIAMI, FL 33169

TITLE VD  DELETE  
NAME CARR, JEANNETTE  
STREET ADDRESS 776 NE 125 ST  
CITY-ST-ZIP N MIAMI FL 33161

2.1 TITLE  Change  Addition  
2.2 NAME CHAIRMAN  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME VOGEL, BARRY  
STREET ADDRESS 18350 NW 2ND AVE., STE. 600  
CITY-ST-ZIP MIAMI FL

3.1 TITLE  Change  Addition  
3.2 NAME DIRECTOR  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE C  DELETE  
NAME BOYLAN, MICHAEL T  
STREET ADDRESS 14901 NE 20TH AVE  
CITY-ST-ZIP N MIAMI FL 33181

4.1 TITLE  Change  Addition  
4.2 NAME VICE CHAIRMAN  
4.3 STREET ADDRESS SCOTT DELOACH  
4.4 CITY-ST-ZIP 18350 NW 2ND AVE STE 600  
MIAMI, FL 33169

TITLE P  DELETE  
NAME CUSON, TERRY R  
STREET ADDRESS 18350 NW 2ND AVE., STE. 600  
CITY-ST-ZIP MIAMI FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME ADLER, ROBERT  
STREET ADDRESS 18350 NW 2ND AVE., STE. 600  
CITY-ST-ZIP MIAMI FL

6.1 TITLE  Change  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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305690-9123

Daytime Phone #

CR2E037-11198