


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90100 019 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722782**  
 1. Corporation Name  
**MIAMI LAKES BUSINESS ASSOCIATION, INC.**

Principal Place of Business 7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES FL 33014 US	Mailing Address 7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES FL 33014 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/28/1972</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1735450</b>
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	29	30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FEATHERS, EDWIN E</b> <b>6843 MAIN ST</b> <b>MIAMI LAKES FL 33014</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOSEA, A J</b>	1.2 NAME	
STREET ADDRESS	<b>6710 MAIN ST, #237</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAVELINE, DAVE</b>	2.2 NAME	
STREET ADDRESS	<b>16415 NW 67TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYLOR, MARLENE</b>	3.2 NAME	
STREET ADDRESS	<b>15535 MIAMI LAKEWAY N #205</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PLOTKIN, DAVID</b>	4.2 NAME	<b>President</b>
STREET ADDRESS	<b>7834 NW 178 ST</b>	4.3 STREET ADDRESS	<b>Joyce Flannagan</b>
CITY-ST-ZIP	<b>HAIALEAH FL 33015</b>	4.4 CITY-ST-ZIP	<b>7333 Miami Lakes Drive #222</b>
TITLE	<b>PE</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DORWAY, CHUCK</b>	5.2 NAME	<b>V.P.</b>
STREET ADDRESS	<b>1434 S MIAMI AVE</b>	5.3 STREET ADDRESS	<b>Jim Barber</b>
CITY-ST-ZIP	<b>MAIMI FL 33130</b>	5.4 CITY-ST-ZIP	<b>7333 Miami Lakes Drive #222</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALERO, MARA L</b>	6.2 NAME	
STREET ADDRESS	<b>6600 COW PEN RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	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 on an attachment with an address, with all other like empowered.

SIGNATURE: MARA L FALERO **REQUIRED** 3/18/99 (305) 550-2212  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)