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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:12

DOCUMENT # 725108 (5)

1. Corporation Name

GREATER HOMESTEAD - FLORIDA CITY CHAMBER OF COMM
ERCE, INC.

Principal Place of Business

Mailing Address

43 N. KROME AVE.
2ND FLOOR
HOMESTEAD FL 33000
US

43 N. KROME AVE
2ND FLOOR
HOMESTEAD FL 33000
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1972	3a. Date of Last Report 03/07/1994
4. FEI Number 59-0652495	Applied For Not Applicable

21. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. City & State	2c. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
24. Zip	2d. Country	29. Zip	30. Country
25. Zip	2e. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOVIA, KIM M 43 N. KROME AVE., 2ND FLOOR HOMESTEAD FL 33030	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Kim M. Sovia *Kim M. Sovia* 1/24/95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	ATKINS, JAMES 406 WASHINGTON AVE. HOMESTEAD FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Chairman of Board/D/P
TITLE CD	REES, EVAN 850 N. HOMESTEAD BLVD. HOMESTEAD FL	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Rees, Evan 150 W. Flagler Ave., 2nd. Floor Miami, FL 33130
TITLE TD	HARBIN, ANDREW P. O. BOX 1488 N/A HOMESTEAD FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Chair-Elect. Pres./D Phillips, Roy 500 College Terrace Homestead, FL 33030
TITLE C	SWINFORD, THEODORE 200021 SW 84 AVE. MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer Brown, Jack 1350 S. Fieldlark Lane Homestead, FL 33035
TITLE D	WELLER, TOM 65 NW 16 ST. HOMESTEAD FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Immed. Past Chairman Atkins, James 8101 S.W. 140 Terrace Miami, FL 33158
TITLE VC	BRACKIN, WAYNE 160 NW 13 ST. HOMESTEAD FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Administrator Boulenger, Albert 160 N.W. 13th. St. Homestead, FL 33030
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Director Weller, Tom 65 N.W. 16 St. Homestead, FL 33030

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equal to the information required in Section 607.0503, 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Evan Rees *Evan Rees* 1/24/95 789-3198
(Signature and typed or printed name of signing officer or director) (Date) (Phone #)