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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 725108 (5)

1. Corporation Name

GREATER HOMESTEAD - FLORIDA CITY CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

43 N. KROME AVE.
2ND FLOOR
HOMESTEAD FL 33030
US

43 N. KROME AVE
2ND FLOOR
HOMESTEAD FL 33030-6014
US

3. Date Incorporated or Qualified
12/28/1972

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0652495

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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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

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, 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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, ROY	
STREET ADDRESS	500 COLLEGE TERRACE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REES, EVAN	
STREET ADDRESS	701 BRICKELL AVENUE 4TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOULENGER, ALBERT	
STREET ADDRESS	160 NW 13TH STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HUARD, MARK	
STREET ADDRESS	850 N. HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLER, TOM	
STREET ADDRESS	65 NW 16 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kim Sovia	
1.3 STREET ADDRESS	43 N Krome Ave	
1.4 CITY-ST-ZIP	Homestead, FL 33030	
2.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steve Shiver	
2.3 STREET ADDRESS	43 N Krome Ave	
2.4 CITY-ST-ZIP	Homestead FL 33030	
3.1 TITLE	Director Chairman Operations	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David Peyton	
3.3 STREET ADDRESS	43 N Krome Ave	
3.4 CITY-ST-ZIP	Homestead, FL 33030	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tom Weller	
4.3 STREET ADDRESS	43 N. Krome Ave	
4.4 CITY-ST-ZIP	Homestead, FL 33030	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002105058	
6.3 STREET ADDRESS	-03/05/97--01073--00	
6.4 CITY-ST-ZIP	***61.25	

14. I do 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.

SIGNATURE: *Kim Sovia* 2-25-97 305)247-2832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024100

CR2E037 (9/96)