

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90069 037 \*\*\*\*61.25

0035571

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 749261**

1. Corporation Name

**MAYOR'S ECONOMIC TASK FORCE, INC.**

Principal Place of Business

P.O. BOX 611681  
N. MIAMI FL 33261-1681

Mailing Address

P.O. BOX 611681  
N. MIAMI FL 33261-1681



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/09/1979

4. FEI Number

59-2396710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**PAVILACK, MYRNA  
470 NE 142ND ST  
N MIAMI FL 33161**

10. Name and Address of New Registered Agent

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

*Myrna Pavilack*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/5/99*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD**  
STREET ADDRESS **COBO, BLANCA**  
CITY-ST-ZIP **13490 N.W. 7TH AVE.**  
**N. MIAMI FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **ABELL, GWEN**  
CITY-ST-ZIP **13400 BISCAYNE BLVD.**  
**N. MIAMI FL**

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **SCHAFMEISTER, VINCENT J**  
CITY-ST-ZIP **1100 N.W. 95TH ST.**  
**MIAMI FL**

TITLE ☐ DELETE

NAME **VD**  
STREET ADDRESS **TATE, JAMES**  
CITY-ST-ZIP **1175 N.E. 125TH ST., SUITE 102**  
**N. MIAMI FL**

TITLE ☐ DELETE

NAME **VD**  
STREET ADDRESS **PAVILACK, MYRNA**  
CITY-ST-ZIP **1100 N.W. 95TH ST., SUITE 477**  
**MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Myrna Pavilack*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)