

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **749422** (2)

1. Corporation Name

THE MIAMI FORUM, INC.

Principal Place of Business

Mailing Address

**7800 RED ROAD
SUITE 101
MIAMI FL 33143**

**7800 RED ROAD
SUITE 101
MIAMI FL 33143**



3. Date Incorporated or Qualified

10/22/1979

4. FEI Number

59-1969769

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEACH, ELIZABETH H
6400 SW 133 DRIVE
MIAMI FL 33156**

81 Name

Maria Soto

82 Street Address (P.O. Box Number is Not Acceptable)

15525 Miami

83 City

Lakewood, No. #101

84 City

miami

FL

85 Zip Code

33014

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

Maria Soto
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.4.98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **SKIGEN, BARBARA**
STREET ADDRESS **5288 DAVIS ROAD**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **INARCUS, Eileen**
1.3 STREET ADDRESS **407 Lincoln Road, Third Floor**
1.4 CITY-ST-ZIP **miami Beach FL 33139**

TITLE **VD** ☒ DELETE
NAME **COX, PETEY**
STREET ADDRESS **8375 SCHOOLHOUSE RD.**
CITY-ST-ZIP **MIAMI FL 33143**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Deets, Olivia**
2.3 STREET ADDRESS **25 West Flagler St.**
2.4 CITY-ST-ZIP **Miami FL 33130**

TITLE **VD** ☐ DELETE
NAME **RAUZIN, RITA**
STREET ADDRESS **9705 SW 132 COURT**
CITY-ST-ZIP **MIAMI FL 33186-2234**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Soto, maria**
3.3 STREET ADDRESS **15525 miami Lakewood No. #101**
3.4 CITY-ST-ZIP **miami, FL 33014**

TITLE **VD** ☒ DELETE
NAME **TAYLOR, ANN MARY**
STREET ADDRESS **TAYLOR, MARY ANNE**
CITY-ST-ZIP **MIAMI F**

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **Taylor, Mary Anne**
4.3 STREET ADDRESS **900 N.W. 17 St.**
4.4 CITY-ST-ZIP **Miami FL 33136**

TITLE **TD** ☒ DELETE
NAME **BEACH, ELIZABETH H**
STREET ADDRESS **6400 SW 133 DRIVE**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE **TD** ☒ Change ☐ Addition
5.2 NAME **Soto, maria**
5.3 STREET ADDRESS **15525 miami Lakewood No. #101**
5.4 CITY-ST-ZIP **miami, FL 33014**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 on an attachment with an address.

SIGNATURE:

Maria Soto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.4.98
Date

Daytime Phone #

CR2E037 (10/97)