

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770675 (7)

1. Corporation Name

GREATER MIAMI, FLORIDA, CHAPTER OF THE NATIONAL  
ASSOCIATION OF WOMEN BUSINESS OWNERS, INC.

Principal Place of Business

Mailing Address

334 MINORCA AVE.  
CORAL GABLES FL 331341825 PONCE DE LEON  
#299620  
CORAL GABLES FL 33134-4418  
US3. Date Incorporated or Qualified  
10/11/19833a. Date of Last Report  
05/10/1996

2. Principal Place of Business

2a. Mailing Address

21 8300 Rice Street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

6

27

City &amp; State

City &amp; State

23

Miami, FL

28

Zip

Zip

Country

Country

24

33133

25

US

29

30

4. FEI Number

59-2030736

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

GUERRA-AGUIRRE, MIRTHA  
1000 BRICKELL AVE.  
STE. 620  
MIAMI FL 33131

81 Name

Sandra Hernandez Adams

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

8300 Rice Street

83

Suite 6

84 City

Miami

FL

85 Zip Code

33133

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 617.0506, 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 P ☐ DELETENAME ENGLAND, EMILY  
STREET ADDRESS 13228 SW 108 ST. CIR.  
CITY-ST-ZIP MIAMI FL 33186

1.1 TITLE

☐ Change☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE VP ☐ DELETENAME OUELETTE, DELANEA  
STREET ADDRESS 8001 GRAND CANAL DR.  
CITY-ST-ZIP MIAMI FL 33144-2149

2.1 TITLE

☐ Change☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE S ☒ DELETENAME VASQUEZ, TINA M  
STREET ADDRESS 11550 SW 97 AVENUE  
CITY-ST-ZIP MIAMI FL 33176

3.1 TITLE

☐ Change☒ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME VAN BUSKIRK, SANDRA  
STREET ADDRESS 11591 NW 40 CT.VE., #620  
CITY-ST-ZIP CORAL GABLES FL 33065

4.1 TITLE

☒ Change☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE PD ☒ DELETENAME CROSSBY, EDITH W  
STREET ADDRESS 8245 SW 187TH TERR  
CITY-ST-ZIP MIAMI FL

5.1 TITLE

☐ Change☒ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE D ☒ DELETENAME GUERRA-AGUIRE, MARTHA  
STREET ADDRESS 1000 BRICKELL AVE STE 620  
CITY-ST-ZIP MIAMI FL

6.1 TITLE

☐ Change☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/10/97

305-358-0850

Daytime Phone # 0027128

CR2E037 (9/96)