

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00410 (3)

1. Corporation Name

GREATER MIAMI CONVENTION AND VISITORS BUREAU, INC.



Principal Place of Business

Mailing Address

701 BRICKELL AVE STE 2700
MIAMI FL 33131

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MIAMI FL 33131

3. Date Incorporated or Qualified
12/16/1983

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2383735

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. 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

DOUGHERTY, LUCIA A. ESQ
1221 BRICKELL AVE
MIAMI FL 33131

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 DC ☒ DELETE
NAME PERKS, CHRISTOPHER
STREET ADDRESS 4833 COLLINS AVE.
CITY-ST-ZIP MIAMI BCH. FL

1.1 TITLE DC ☒ Change ☐ Addition
1.2 NAME FAIN, RICHARD
1.3 STREET ADDRESS 1050 CARIBBEAN WAY
1.4 CITY-ST-ZIP MIAMI, FL 33132

TITLE DV ☐ DELETE
NAME FAIN, RICHARD
STREET ADDRESS 1050 CARIBBEAN WAY
CITY-ST-ZIP MIAMI FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Thomas F. Hewitt
2.3 STREET ADDRESS 3250 MARY STREET
2.4 CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE DS ☒ DELETE
NAME URRA, MARTY
STREET ADDRESS 7910 NW 25TH STREET SUITE 201
CITY-ST-ZIP MIAMI FL 33122

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME William Alexander
3.3 STREET ADDRESS 3750 NW 87 AVE SUITE 600
3.4 CITY-ST-ZIP MIAMI, FL 33176

TITLE DT ☐ DELETE
NAME HANNA, LEE
STREET ADDRESS 701 BRICKELL AVE., 33RD FLOOR
CITY-ST-ZIP MIAMI FL

4.1 TITLE DS ☐ Change ☒ Addition
4.2 NAME HORACE HORD
4.3 STREET ADDRESS 901 PONCE DE LEON BLVD.
4.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DP ☐ DELETE
NAME STIERHEIM, MERRETT
STREET ADDRESS 701 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Merrett Stierheim

3/26/96

305-539-3032

Date

Daytime Phone #

CR2E037 (12/95)