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Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00410 (3)

1. Corporation Name

GREATER MIAMI CONVENTION AND VISITORS BUREAU, IN  
C.

Principal Place of Business

Mailing Address

701 BRICKELL AVE STE 2700  
MIAMI FL 33131701 BRICKELL AVE STE 2700  
MIAMI FL 33131-2821

3. Date Incorporated or Qualified

12/16/1983

3a. Date of Last Report

04/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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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 ☐ DELETENAME FAIN, RICHARD  
STREET ADDRESS 1050 CARIBBEAN WAY  
CITY-ST-ZIP MIAMI BCH. FLTITLE DV ☒ DELETENAME FAIN, RICHARD  
STREET ADDRESS 1050 CARIBBEAN WAY  
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETENAME HEWITT, THOMAS F.  
STREET ADDRESS 3250 MARY ST  
CITY-ST-ZIP COCONUT GROVE FLTITLE DT ☒ DELETENAME HANNA, LEE  
STREET ADDRESS 701 BRICKELL AVE., 33RD FLOOR  
CITY-ST-ZIP MIAMI FLTITLE DP ☐ DELETENAME STIERHEIM, MERRETT  
STREET ADDRESS 701 BRICKELL AVE.  
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETENAME ALEXANDER, WILLIAM  
STREET ADDRESS 3750 NW 87TH AVE, #600  
CITY-ST-ZIP MIAMI FL1.1 TITLE DT ☐ Change ☒ Addition1.2 NAME Adolfo Henriques  
1.3 STREET ADDRESS 100 S.E. 2nd Street #30 floor  
1.4 CITY-ST-ZIP Miami, FL. 331312.1 TITLE DS ☐ Change ☒ Addition2.2 NAME Horace Hord  
2.3 STREET ADDRESS 999 Ponce de Leon Blvd #800  
2.4 CITY-ST-ZIP Coral Gables, FL 331343.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Merrett Stierheim

Date

Daytime Phone # (305) 539-3100

CR2E037 (9/96)