


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09 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 # **N00410** (3)

1. Corporation Name

**GREATER MIAMI CONVENTION AND VISITORS BUREAU, IN
C.**



Principal Place of Business 701 BRICKELL AVE STE 2700 MIAMI FL 33131	Mailing Address 701 BRICKELL AVE STE 2700 MIAMI FL 33131
--	--

3. Date Incorporated or Qualified 12/16/1983	4. FEI Number 59-2383735	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
--	------------------------------------	---

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DOUGHERTY, LUCIA A. ESO 1221 BRICKELL AVE MIAMI FL 33131	
--	--

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 N/A DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	FAIN, RICHARD
STREET ADDRESS	1050 CARIBBEAN WAY
CITY-ST-ZIP	MIAMI BCH. FL
TITLE	DT
NAME	HENRINQUES, ADOLFO
STREET ADDRESS	100 SE 2 STEET #30 FLR
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	HEWITT, THOMAS F.
STREET ADDRESS	3250 MARY ST
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	DS
NAME	HORD, HORACCE
STREET ADDRESS	999 PONCE DE LEON BLVD #800
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DP
NAME	STIERHEIM, MERRETT
STREET ADDRESS	701 BRICKELL AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	ALEXANDER, WILLIAM
STREET ADDRESS	3750 NW 87TH AVE, #600
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DC
1.2 NAME	Hewitt, Thomas F.
1.3 STREET ADDRESS	3250 MARY ST.
1.4 CITY-ST-ZIP	Coconut Grove, FL
2.1 TITLE	D
2.2 NAME	Henriques, Adolfo
2.3 STREET ADDRESS	1221 Brickell Ave
2.4 CITY-ST-ZIP	Miami, FL
3.1 TITLE	DT
3.2 NAME	Viera, Carlos
3.3 STREET ADDRESS	3230 West Commercial Blvd Suite 350
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL
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	

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: Merrett R. Stierheim 2/13/98 (305) 539-3032

CR2E037 (1097)