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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00410** ^{OK} (3)

1. Corporation Name

Greater Miami Convention AND Visitors Bureau, Inc.

Principal Place of Business

**701 Brickell Ave.
Suite 2700
Miami, FL 33131**

Mailing Address

**701 Brickell Ave.
Suite 2700
Miami, FL 33131**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

12/16/1983

4. FEI Number

59-2383735

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

9. Name and Address of Current Registered Agent

**Dougherty, Lucia A. Esq.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	Hewitt, Thomas F.	
STREET ADDRESS	3250 MARY ST.	
CITY-ST-ZIP	Coconut Grove, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Henriques, Adolfo	
STREET ADDRESS	1221 Brickell Ave	
CITY-ST-ZIP	Miami, FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	Viera, Carlos	
STREET ADDRESS	3230 West Commercial Blvd.	
CITY-ST-ZIP	FT. Lauderdale, FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Hord, Horace	
STREET ADDRESS	999 Ponce de Leon Blvd #800	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Alexander, William	
STREET ADDRESS	3750 NW 87 Ave #600	
CITY-ST-ZIP	Miami, FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	Stierheim, Mervett	
STREET ADDRESS	701 Brickell Ave	
CITY-ST-ZIP	Miami, FL 33131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Goldman, Tony	
1.3 STREET ADDRESS	640 Ocean Drive	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ghomeshi, Mehdi	
2.3 STREET ADDRESS	255 Alhambra Circle	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Talbert, William D III	
3.3 STREET ADDRESS	701 Brickell Ave	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/99 (305) 539-3040

CR2E037 (11/98)