

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # N00623 (1)

1. Corporation Name

NORTH MIAMI CHAMBER OF COMMERCE

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **13100 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161-4131**
Mailing Address: **13100 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161-4131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1983	3a. Date of Last Report 05/01/1994
4. FEI Number 59-0642080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt #, etc	27. Suite, Apt #, etc
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**APPLETON, NANCY C., ESQ.
710 N.E. 128TH STREET
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or registered agent in lieu of a corporation

Signature of Registered Agent or registered agent in lieu of a corporation

Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABEL, GWENDOLYN
STREET ADDRESS	13400 BISCAYNE BLVD.
CITY, ST, ZIP	NORTH MIAMI FL
TITLE	SD
NAME	NEU, HOWARD
STREET ADDRESS	710 N.E. 128 STREET
CITY, ST, ZIP	NORTH MIAMI FL
TITLE	VD
NAME	NELO, ELIENOR
STREET ADDRESS	1100 NW 85TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	TATE, ALLAN
STREET ADDRESS	12550 BISCAYNE BLVD.
CITY, ST, ZIP	NORTH MIAMI FL
TITLE	TD
NAME	MOSS, GERARD (CPA)
STREET ADDRESS	1195 N.E. 125TH ST.
CITY, ST, ZIP	NORTH MIAMI FL
TITLE	SD
NAME	PRADA BETH
STREET ADDRESS	13835 NW 7TH AVE
CITY, ST, ZIP	NORTH MIAMI FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 110.07(3)(b), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Secretary

[Handwritten Signature] *[Handwritten Name: Morton, Sandra]* *[Handwritten Date: 4/30/95]*