

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N00623** (1)
1. Corporation Name
NORTH MIAMI CHAMBER OF COMMERCE



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

Mailing Address
**13100 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161-4131**

3. Date Incorporated or Qualified
12/28/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
59-0642080

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent
**APPLETON, NANCY C., ESQ.
710 N.E. 126TH STREET
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEU HOWARD	
STREET ADDRESS	710 N.E. 126 STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TATE, ALLAN	
STREET ADDRESS	12550 BISCAYNE BLVD.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOSS, GERARD (CPA)	
STREET ADDRESS	1195 N.E. 125TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRADA BETH	
STREET ADDRESS	13635 NW 7TH AVE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	GAIL SIEBE	
STREET ADDRESS	PEOPLES CREDIT UNION	
CITY-ST-ZIP	680 N.E. 124th STREET	
TITLE		<input type="checkbox"/> DELETE
NAME	NORTH MIAMI, FL. 33161	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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]* 4/18/96 891 2811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)