


FILED
Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00623

1. Corporation Name

THE GREATER NORTH MIAMI CHAMBER OF COMMERCE, INC

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

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



2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 12/28/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0642080
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOROTHY D VALENTINE 13100 W DIXIE HWY NORTH MIAMI FL 33161	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: *Dorothy D. Valentine Esq. Dir. Dorothy D. Valentine Executive Director* DATE: *MAR 19 1999*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLAN R TATE		1.2 NAME SCOTT GALVIN	
STREET ADDRESS 12000 BISCAYNE BLVD #214		1.3 STREET ADDRESS 13506 N.E. 24th COURT	
CITY-ST-ZIP MIAMI FL 33181		1.4 CITY-ST-ZIP NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIEBE, GAIL		2.2 NAME JOEL GALPERN	
STREET ADDRESS 680 NE 124TH STREET		2.3 STREET ADDRESS 1035 N.E. 125 STREET, STE.#320	
CITY-ST-ZIP NORTH MIAMI FL		2.4 CITY-ST-ZIP NORTH MIAMI, FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE :	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLANCA COBO		3.2 NAME	
STREET ADDRESS 13490 NW 7TH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI FL 33161		3.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARRY SCHWARTZ		4.2 NAME CATHY IMBURGIA	
STREET ADDRESS 675 N BISCAYNE RIVER DR		4.3 STREET ADDRESS 12411 BISCAYNE BLVD.	
CITY-ST-ZIP MIAMI FL 33169		4.4 CITY-ST-ZIP NORTH MIAMI, FL 33181	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Dorothy D. Valentine* SIGNATURE REQUIRED *Dorothy D. Valentine* 1-7-99 891-7811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)