

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12404** (2)
1. Corporation Name
THE GREATER MIAMI FESTIVALS ASSOCIATION, INC.

Principal Place of Business 111 NW FIRST STREET SUITE 625 MIAMI FL 33128	Mailing Address 12555 BISCAYNE BLVD #821 MIAMI FL 33181-2522 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1985		3a. Date of Last Report 04/25/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2634256		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLESNICK, DONALD D., II
10680 NW 25 ST. #202
MIAMI FL 33172-9108**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERCUSON, MARLA	1.2 NAME	
STREET ADDRESS	10260 SW 141 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	ED ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DIPEITRO, ROBERTA	2.2 NAME	
STREET ADDRESS	17531 NE 7 CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	2.4 CITY - ST - ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, WES	3.2 NAME	
STREET ADDRESS	165 NW 147 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SLESNICK, DONALD, D., II	4.2 NAME	
STREET ADDRESS	10680 NW 25TH ST #202	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Roberta DiPietro* **ROBERTA DIPIETRO**

4/28/97 **4/28/97** *305-651-9404* **305-651-9404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0033524

CR2E037 (9/96)