FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12404

(2)

THE GREATER MIAMI FESTIVALS ASSOCIATION, INC.

Principal Place of Business Mailing Address						. 4.6 6.6 4.2 4.3 4.9
111 NW FIRST	12555 BISCAYNE BLVD			3. Date Incorporated or Qualified]	
SUITE 625		#821			12/05/1985	
MIAMI FL 3312	u .	MIAMI FL 33181 US			4. FEI Number	Applied For
		50			59-2634256	Not Applicable
2. Principal P	Place of Business	2a. Mailing Address 28			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	28				7. Is this nonprofit corporation a homeowners association? Yes No	
Zip 24	Country 25	25			This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered #	gent
SLESNICK, DONALD D., N 10680 NW 25 ST. #202 MIAMI FL 33172-9108				Name Street Add	dress (P.O. Box Number is Not Acceptable)	
evite serie v	E GOTTE GTOO		84	City	FL	85 Zip Code
11. Pursuant office or a agent. I s	to the provisions of Sections 617.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	02 and 617.1508, Florida Statut e of Florida. Such change was a gations of, Section 617.0503, Flo	es, the abov authorized b orida Statute	e-named cor y the corpora s.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appe	changing its registered pintment as registered
SIGNATURE .						
12.	Signature, typed or printed name of registered at OFFICERS At	ND DIRECTORS	13.	ent signatura requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	BERCUSON, MARLA		1.2 NAME	1		
STREET ADDRESS	10260 SW 141 ST		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-1	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	r address		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33		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 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	ļ		Change Addition
NAME	SLESNICK, DONALD, D, II		4. 2 NAME	i		}
STREET ADDRESS	10680 NW 25TH ST #202			T ADDRESS		
CITY-ST-ZIP	_MIAMI FL		4.4 CITY - 9	ST-ZIP		[] Alexand [] 4348
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	- 1		
CITY-ST-ZIP		F-1	5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition

I hereby certify that the information supplied with this filling 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

obuta DiPretro Roberta D.P ctru

4/28/98

305651-9404

FILED

May 11 1998 8:00am

Secretary of State