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

FILED
96 AUG 30 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13074 (2)

1. Corporation Name
THE GREATER MIAMI CHAPTER OF WOMEN IN COMMUNICAT IONS, INC.

Principal Place of Business
P.O. BOX 43-2641
SOUTH MIAMI FL 33243-9641

Mailing Address
P.O. BOX 43-2641
SOUTH MIAMI FL 33243-9641

3. Date Incorporated or Qualified: 12/30/1985
3a. Date of Last Report: 07/10/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent
S.F. & F. REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD.,STE.4310
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GIROIX, VALERI	
STREET ADDRESS	7250 SW 132 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	MEGNA, BETH	
STREET ADDRESS	9740 NW 49 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	LUKELL, ANDREA	
STREET ADDRESS	3300 NE 192 ST #310	
CITY-ST-ZIP	AVENTURA FL	
TITLE	TD	☐ DELETE
NAME	PEREZ, ESTHER	
STREET ADDRESS	3641 N. PROSPECT DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		200001942422
1.3 STREET ADDRESS		-09/09/96--01020--024
1.4 CITY-ST-ZIP		*****61.25 *****61.25
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		Beth Mignon-Nelson
2.3 STREET ADDRESS		5800 S.W. 51 Street
2.4 CITY-ST-ZIP		Miami, FL 33155
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		JB 9-5-96
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Beth Mignon Nelson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 8/31/96 Date — 305 445 4448 Daytime Phone #