FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 9: 18
SECRETARY OF STATE
TALLAHASSEE, FLOR.

DOCUMENT # N16311 (5)

1. Corporation Name

GREATER BISCAYNE BOULEVARD CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
8101 BISCAYNE BLVD. SUITE 501 MIAMI FL 33138-4642	8101 BISCAYNE BLVD. SUITE 501 MIAMI FL 33138-4642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1986
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2808474 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

	2. Principal Place of Business		2a. Mailing Address
21	7235 bisc. blvd.	26	7235 bisc. blvd.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: MIAMI, FLORIDA	28	City & State: MIAMI, FLORIDA
24	Zip: 33138	29	Zip: 33138
25	Country: U.S.A.	30	Country: U.S.A.

9. Name and Address of Current Registered Agent

PATEL, HERMAND D
7150 BISCAYNE BLVD.
MIAMI FL 33138

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: H. Patel → HEMANT D. PATEL (PRESIDENT) 4/3/95
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	ED	1.1 TITLE	☐ Change ☐ Addition
NAME	HINSON, DONALD J	1.2 NAME	
STREET ADDRESS	646 NE 81ST ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	SECRETARY (D) ☒ Change ☐ Addition
NAME	WAUD, DAVID	2.2 NAME	RENE JACOBY
STREET ADDRESS	15476 SW 77TH CT	2.3 STREET ADDRESS	3950 N.Mia. Ave
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	MIAMI, FLA. 33137
TITLE	VP	3.1 TITLE	VICE-PRESIDENT (D) ☒ Change ☐ Addition
NAME	PATEL, HENRY D	3.2 NAME	STEVE HAGEN
STREET ADDRESS	7150 BISCAYNE BLVD.	3.3 STREET ADDRESS	725 N.E. 73rd, ST.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FLA. 33138
TITLE	P	4.1 TITLE	PRESIDENT (D) ☒ Change ☐ Addition
NAME	LOSCHIAVO, JIMMY	4.2 NAME	HENRY D. PATEL
STREET ADDRESS	70 N.W. 102ND ST.	4.3 STREET ADDRESS	7150 BISC. BLVD.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	~~MIAMI, FLA. 33138~~
TITLE	AA	5.1 TITLE	☐ Change ☐ Addition
NAME	BRUNSON, ROSALYN T	5.2 NAME	
STREET ADDRESS	1944 NW 4TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	TREASURER (D) ☐ Change ☒ Addition
NAME		6.2 NAME	LYLS RENOIT
STREET ADDRESS		6.3 STREET ADDRESS	3050 BISC. BLVD.
CITY-ST-ZIP	Deposited By Bank	6.4 CITY-ST-ZIP	MIAMI, FLA. 33137

4/28/95 MST

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: H. Patel 4/3/95 (305) 751-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
HEMANT D. PATEL, PRESIDENT

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