

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N16311 (5)**

1. Corporation Name

**GREATER BISCAYNE CHAMBER OF COMMERCE, INC.**

N/C 2-1-96

Principal Place of Business

7235 BISCAYNE BLVD.  
MIAMI FL 33138

Mailing Address

7235 BISCAYNE BLVD.  
MIAMI FL 33138



400001836674

-05/23/96--01027--015

\*\*\*70.00

3. Date Incorporated or Qualified  
**08/12/1986**

3a. Date of Last Report  
**04/28/1995**

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**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATEL, HERMAND D  
7450 BISCAYNE BLVD.  
MIAMI FL 33138**

81 Name **MR. STEVE HAGEN**

82 Street Address (P.O. Box Number is Not Acceptable)

**725 N.E. 73rd, STREET**

84 City **MIAMI**

85 Zip Code **FL 33138**

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 **Stephen D. Hagen, President**

5/6/96

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**  
NAME **HINSON, DONALD J**  
STREET ADDRESS **646 NE 81ST ST**  
CITY-ST-ZIP **MIAMI FL**

☒ DELETE

1.1 TITLE **PD**  
1.2 NAME **HAGEN, STEVE**  
1.3 STREET ADDRESS **725 N.E. 73rd, ST.**  
1.4 CITY-ST-ZIP **MIAMI, FLA. 33138**

☒ Change ☐ Addition

TITLE **SD**  
NAME **JACOBY, RENE**  
STREET ADDRESS **3950 N. MIA AVE.**  
CITY-ST-ZIP **MIAMI FL 33137**

☒ DELETE

2.1 TITLE **SD**  
2.2 NAME **RICK HABERSIN**  
2.3 STREET ADDRESS **998 N.E. 96th, ST.**  
2.4 CITY-ST-ZIP **MIAMI SHORES, FL. 33138**

☒ Change ☐ Addition

TITLE **VPD**  
NAME **HAGAN, STEVE**  
STREET ADDRESS **725 N.E. 73RD ST.**  
CITY-ST-ZIP **MIAMI FL 33138**

☐ DELETE

3.1 TITLE **VPD**  
3.2 NAME **ALEXANDER, MICHAEL**  
3.3 STREET ADDRESS **118 CAMDEN DR.**  
3.4 CITY-ST-ZIP **BAL HARBOR, FL 33154**

☒ Change ☐ Addition

TITLE **PD**  
NAME **PATEL, HENRY D**  
STREET ADDRESS **7150 BISC. BLVD.**  
CITY-ST-ZIP **MIAMI FL 33138**

☒ DELETE

4.1 TITLE **TD**  
4.2 NAME **PATEL, C.J.**  
4.3 STREET ADDRESS **5950 BISCAYNE BOULEVARD**  
4.4 CITY-ST-ZIP **MIAMI, FLA. 33137**

☒ Change ☐ Addition

TITLE **AA**  
NAME **BRUNSON, ROSALYN T**  
STREET ADDRESS **1944 NW 4TH AVE**  
CITY-ST-ZIP **MIAMI FL**

☐ DELETE

5.1 TITLE **ED**  
5.2 NAME **KEATING, GARY E.**  
5.3 STREET ADDRESS **899 N.E. 99th, ST.**  
5.4 CITY-ST-ZIP **MIAMI, SHORES, FL. 33138**

☒ Change ☐ Addition

TITLE **TD**  
NAME **RENOIT, LYLS**  
STREET ADDRESS **3050 BISC. BLVD.**  
CITY-ST-ZIP **MIAMI FL 33137**

☒ DELETE

6.1 TITLE **AA**  
6.2 NAME **BRUNSON, ROSALYN**  
6.3 STREET ADDRESS **2011 N.W. 4th, CT.**  
6.4 CITY-ST-ZIP **MIAMI, FLA. 33127**

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

305 754 0089

Date

Daytime Phone

CR2E037 (12/95)