

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$6.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

**FILED**  
**Oct 08 1998 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # N28209**

**(7)**

1. Corporation Name

**SOUTH MIAMI BUSINESS NETWORK, INC.**

Principal Place of Business

Mailing Address

C/O ANN FISHER-ATTY.  
 1514 ZULETA AVENUE  
 CORAL GABLES FL 33146

C/O ANN FISHER-ATTY.  
 1514 ZULETA AVENUE  
 CORAL GABLES-FL 33146

2. Principal Place of Business

2a. Mailing Address

21 | e/o NANCY WEAR  
 Suite, Apt. #, etc.  
 22 | 200 S. BISCAYNE BLVD #1800  
 City & State  
 23 | MIAMI, FL  
 Zip 33131 | 25 | Country

26 | SAME  
 Suite, Apt. #, etc.  
 27 |  
 City & State  
 28 |  
 Zip | 29 | Country

9. Name and Address of Current Registered Agent

FISHER, ANN-  
 1514 ZULETA AVENUE  
 CORAL GABLES FL 33146

3. Date Incorporated or Qualified

09/07/1988

4. FEI Number

65-0070014

Applied For or 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. Is this nonprofit corporation a homeowners association?

Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes  No

10. Name and Address of New Registered Agent

81 Name NANCY WEAR  
 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD #1800  
 83  
 84 City MIAMI FL | 85 Zip Code 33131

11. Pursuant to the provisions of sections 617.0502 and 171.1508, 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:

*Nancy Wear*

(NOTE: Registered Agent signature required when reinstating)

DATE:

9/29/98

12. OFFICERS AND DIRECTORS

1.1 TITLE	DP	<input checked="" type="checkbox"/> DELETE
1.2 NAME	SORGIE, JOHN	
1.3 STREET ADDRESS	5833 PONCE DE LEON BLVD.	
1.4 CITY-STATE-ZIP	S. MIAMI FL	
2.1 TITLE	DV	<input checked="" type="checkbox"/> DELETE
2.2 NAME	MORGAN, NANCY	
2.3 STREET ADDRESS	334 MINORCA AVE., STE. 100	
2.4 CITY-STATE-ZIP	CORAL GABLES FL	
3.1 TITLE	DS	<input checked="" type="checkbox"/> DELETE
3.2 NAME	FISHER, ANN	
3.3 STREET ADDRESS	1514 ZULETA AVE.	
3.4 CITY-STATE-ZIP	CORAL GABLES FL	
4.1 TITLE	DT	<input checked="" type="checkbox"/> DELETE
4.2 NAME	TROMBLY, MARSHA	
4.3 STREET ADDRESS	10700 N. KENDALL DR., STE. 302	
4.4 CITY-STATE-ZIP	MIAMI FL	
5.1 TITLE		<input type="checkbox"/> DELETE
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	MASSES-VALERA, GEORGINA		
1.3 STREET ADDRESS	PO BOX 650296		
1.4 CITY-STATE-ZIP	MIAMI, FL 33265		
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	WEAR, NANCY		
2.3 STREET ADDRESS	200 S. BISCAYNE BLVD #1800		
2.4 CITY-STATE-ZIP	MIAMI, FL 33131		
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	TROMBLY, MARSHA		
3.3 STREET ADDRESS	11742 SW 100th AVENUE		
3.4 CITY-STATE-ZIP	MIAMI, FL 33176		
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	BIRTS, MARIE		
4.3 STREET ADDRESS	5710 SW 62 STREET		
4.4 CITY-STATE-ZIP	MIAMI, FL 33143		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-ZIP			

14. I 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 (changed, or on an attachment with an address).

SIGNATURE: *Georgina Masses-Valera*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/98  
 Date

Daytime Phone #

CR2E037 (5/98)