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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90178 001 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28209

1. Corporation Name

SOUTH MIAMI BUSINESS NETWORK, INC.

Principal Place of Business

C/O NANCY WEAR
 200 S BISCAYNE BLVD #1800
 MIAMI FL 33131
 US

Mailing Address

C/O NANCY WEAR
 200 S BISCAYNE BLVD #1800
 MIAMI FL 33131
 US

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 390776 - 90178 - 1



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/07/1988

22 City & State

27 City & State

4. FEI Number
 65-0070014

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEAR, NANCY
 200 S BISCAYNE BLVD #1800
 MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MASSES-VALERA, GEORGINA	
STREET ADDRESS	PO BOX 650296	
CITY-ST-ZIP	MIAMI FL 33265	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WEAR, NANCY	
STREET ADDRESS	200 S BISCAYNE BLVD #1800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TROMBLY, MARSHA	
STREET ADDRESS	11742 SW 100TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BIRTS, MARIE	
STREET ADDRESS	5710 SW 62 STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MORGAN, NANCY
3.3 STREET ADDRESS	269 GIRALDA Avenue # 302
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris*

4/6/99

305.444.9877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)