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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N35067 (0)

1. Corporation Name

~~MIAMI ANNIVERSARY COMMITTEE, INC.~~  
MIAMI CENTENNIAL '96, INC.

Principal Place of Business

Mailing Address

100 S.E. 2ND ST.  
28 FLOOR  
MIAMI FL 33131  
US

100 S.E. 2ND ST.  
28 FLOOR  
MIAMI FL 33131-2100  
US



3. Date Incorporated or Qualified  
11/03/1989

3a. Date of Last Report  
05/01/1996

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

4. FEI Number  
65-0172657

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

10. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT  
100 S.E. 2ND ST. 28 FLOOR  
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 DPC ☐ DELETE  
NAME KING-SHAW, RUBEN JR.  
STREET ADDRESS ~~8500 PAN-AMERICAN DRIVE~~  
CITY-ST-ZIP ~~MIAMI FL 33131~~

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 7600 Corporate Center Drive, 3rd Floor  
1.4 CITY-ST-ZIP Miami, Florida 33126

TITLE TD ☐ DELETE  
NAME BELLAMY, ANGELA ROBINSON  
STREET ADDRESS ~~8500 PAN-AMERICAN DRIVE~~  
CITY-ST-ZIP ~~MIAMI FL 33131~~

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 444 Southwest Second Avenue, 7th Floor  
2.4 CITY-ST-ZIP Miami, Florida 33130

TITLE SD ☐ DELETE  
NAME ABRAHAM, THOMAS  
STREET ADDRESS ~~8500 PAN-AMERICAN DRIVE~~  
CITY-ST-ZIP ~~MIAMI FL 33131~~

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 6600 Southwest 57th Avenue  
3.4 CITY-ST-ZIP Miami, Florida 33143

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Date

Daytime Phone # 0026431

CR2E037 (9/96)