# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:24

DOCUMENT # **N37819** **(2)**

1. Corporation Name
**AIRPORT WEST CHAMBER OF COMMERCE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8181 NW 36 ST<br>STE 14E<br>MIAMI FL 33166<br>US | 8181 NW 36 ST<br>STE 14E<br>MIAMI FL 33166<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1990
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0282586 ☐ 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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

FELTON, MICHAEL D ESQ
2701 LEJEUNE RD.
SUITE 405
CORAL GABLES FL 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | XX DIRECTOR | 1.1 TITLE | President ☐ Change ☒ Addition |
| NAME | TUCHLER, GARRY | 1.2 NAME | Paulette Hicks |
| STREET ADDRESS | 4055 NW 97 AVE | 1.3 STREET ADDRESS | 2710 S.Bridge Rd. |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | Cooper City, FL 33026 |
| TITLE | V | 2.1 TITLE | Vice President ☐ Change ☒ Addition |
| NAME | TURNEIL, WILLIAM R. | 2.2 NAME | Tony Ponceti |
| STREET ADDRESS | 8350 NW 52 TERR DELETED | 2.3 STREET ADDRESS | 9807 Costa del Sol Bvld. |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | Miami, FL 33178 |
| TITLE | XX DIRECTOR | 3.1 TITLE | DIRECTOR ☐ Change ☒ Addition |
| NAME | FELTON, MICHAEL | 3.2 NAME | Wayne Barnett |
| STREET ADDRESS | 2701 LEJEUNE RD | 3.3 STREET ADDRESS | 15042 SW 169 La. |
| CITY-ST-ZIP | CORAL GABLES FL | 3.4 CITY-ST-ZIP | Miami, FL 33187 |
| TITLE | T | 4.1 TITLE | TREASURER ☐ Change ☒ Addition |
| NAME | LOPEZ, NELSON | 4.2 NAME | Amaury Betancourt |
| STREET ADDRESS | 7970 NW 36 ST DELETED | 4.3 STREET ADDRESS | 517 Gerona Ave |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | C. Gables, FL 33146 |
| TITLE | D | 5.1 TITLE | SECRETARY ☐ Change ☒ Addition |
| NAME | GENAULDI, GINA | 5.2 NAME | Yolanda Salidd PERMITTED BY MAY 1 |
| STREET ADDRESS | 3399 NW 72ND AVE. DELETED | 5.3 STREET ADDRESS | 2331 SW 139 Pl |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | Miami, FL 33175 |
| TITLE | D | 6.1 TITLE | DIRECTOR ☐ Change ☒ Addition |
| NAME | GOLDSTEIN, JULIAN | 6.2 NAME | Ralph Merritt |
| STREET ADDRESS | 8401 NW 53RD TER. DELETED | 6.3 STREET ADDRESS | 14321 Arlington Pl |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | Davie, FL 33325 |

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)(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 added by an attachment with an address.

**SIGNATURE:** _____ A. Betancourt, Treasurer (305)885-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004728