

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N37819** (2)

1. Corporation Name

**AIRPORT WEST CHAMBER OF COMMERCE, INC.**



Principal Place of Business

Mailing Address

8181 NW 36 ST  
STE 14E  
MIAMI FL 33166  
US

8181 NW 36 ST  
STE 14E  
MIAMI FL 33166  
US

3. Date Incorporated or Qualified  
**04/23/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **SAME AS ABOVE**

26 **SAME AS ABOVE**

4. FEI Number  
**65-0282586**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

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

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

81 Name **MILTON D. PIEDRA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8181 NW 36th ST.**  
83 **Suite 14E**  
84 City **Miami** FL 85 Zip Code **33166**

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 617.033, Florida Statutes.

SIGNATURE

*Milton D. Piedra, Executive Director*

2/23/96

Signature of and for the last named registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUCHLER, GARRY	
STREET ADDRESS	4055 NW 97 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	PAST PRESIDENT / DIRECTOR	<input type="checkbox"/> DELETE
NAME	HICKS, PAULETTE	
STREET ADDRESS	2710 S BRIDGE RD	
CITY - ST - ZIP	COOPER CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FELTON, MICHAEL	
STREET ADDRESS	2701 LEJEUNE RD	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	PRES	<input type="checkbox"/> DELETE
NAME	PONCETI, TONY	
STREET ADDRESS	9807 COSTA DE SOL BLVD	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNETT, WAYNE	
STREET ADDRESS	15042 SW 169 LA	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BETANCOURT, AMAURY	
STREET ADDRESS	517 GERONA AVE	
CITY - ST - ZIP	C. GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY

11 TITLE	SECRETARY / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PAUL COHEN	
13 STREET ADDRESS	4461 POSTO	
14 CITY - ST - ZIP	MIAMI BEACH, FL 33140	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MICHAEL R LYNCH	
33 STREET ADDRESS	710 NW 177th AVE.	
34 CITY - ST - ZIP	RIEHLBOKE PINES, FL 33029	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	PETER MURPHY	
63 STREET ADDRESS	8725 SW 24th ST.	
64 CITY - ST - ZIP	MIAMI, FL 33145	

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: *Milton D. Piedra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 (205) 592-5411  
DATE PHONE #

CR2E037 (12/95)