


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 33166-6646 US

3. Date Incorporated or Qualified 04/23/1990	3a. Date of Last Report 02/29/1996
4. FEI Number 65-0282586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

PIEDRA, MILTON D.
8181 NW 38TH ST
#14E
MIAMI FL 33168

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COHEN, PAUL	
STREET ADDRESS	4461 POSTO	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HICKS, PAULETTE	
STREET ADDRESS	2710 S BRIDGE RD	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	V, D	<input type="checkbox"/> DELETE
NAME	LYNCH, MICHAEL R.	
STREET ADDRESS	710 NW 177TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PONCETI, TONY	
STREET ADDRESS	9807 COSTA DE SOL BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" 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	GARCIA, PETER	
STREET ADDRESS	8725 SW 34TH ST	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VICE PRESIDENT, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul Cohen	
1.3 STREET ADDRESS	Easton Babcock, 3280 NW 72nd Av	
1.4 CITY-ST-ZIP	Miami, FL 33122	
2.1 TITLE	SECRETARY, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DuBose, Tony	
2.3 STREET ADDRESS	1640 NW 100th Terrace	
2.4 CITY-ST-ZIP	Plantation, FL 33324	
3.1 TITLE	Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Murkahn Steven Zucker	
3.3 STREET ADDRESS	90 SW 91st Av, 203	
3.4 CITY-ST-ZIP	Plantation, FL 33324	
4.1 TITLE	President, Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lynch, Michael R.	
4.3 STREET ADDRESS	710 NW 177th Ave	
4.4 CITY-ST-ZIP	Pembroke Pines, FL	
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 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: _____ 4/15/97 (305) 858-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032130

CR2E037 (9/96)