

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified	04/23/1990	
4. FEI Number	65-0282586	Applied For 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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PIEDRA, MILTON D.
8181 NW 36TH ST
#14-E
MIAMI FL 33166

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD COHEN, PAUL EASTON BABCOCK, 3280 N.W. 72ND AVE. MIAMI FL	1.1 TITLE	PD Cohen, Paul
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	EASTON BABCOCK, 3280 NW 72nd Ave.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	SD DUBOSE, TONY 1640 N.W. 100TH TERRACE PLANTATION FL	2.1 TITLE	VPD Quadreny, Jorge-Custom Copy & Printing, 1200 NW 78th Ave., Suite 104 Miami, FL 33126
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD LYNCH, MICHAEL R. 710 NW 177TH AVE PEMBROKE PINES FL	3.1 TITLE	TD Reyes, Kathleen Kathleen N. Reyes, CPA, PA 9576 NW 41 St., Miami, FL 33178
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD ZUCKER, STEVEN 90 S.W. 91 ST, 205 PLANTATION FL	4.1 TITLE	SD Slade, Roger-Haber, Lewis & Pathman 2 So. Biscayne Blvd., Suite 3660 Miami, FL 33131
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DP LYNCH, MICHAEL R 710 N.W. 177TH AVE. PEMBROKE PINES FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(9)(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: (x) *Milton D. Piedra* 3/2/98 (305) 592-5144

CR2E037 (10/97)