

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**65-0282586**

Applied For  
Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **VPD** ☐ DELETE  
NAME **COHEN, PAUL**  
STREET ADDRESS **EASTON BABCOCK, 3280 N.W. 72ND AVE.**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Cohen, Paul**  
1.3 STREET ADDRESS **EASTON BABCOCK, 3280 NW 72nd Ave.**  
1.4 CITY-ST-ZIP **Miami, FL 33122**

TITLE **SD** ☒ DELETE  
NAME **DUBOSE, TONY**  
STREET ADDRESS **1640 N.W. 100TH TERRACE**  
CITY-ST-ZIP **PLANTATION FL**

2.1 TITLE **VPD** ☐ Change ☒ Addition  
2.2 NAME **Quadreny, Jorge-Custom Copy & Prin**  
2.3 STREET ADDRESS **ting, 1200 NW 78th Ave., Suite 104**  
2.4 CITY-ST-ZIP **Miami, FL 33126**

TITLE **VD** ☒ DELETE  
NAME **LYNCH, MICHAEL R.**  
STREET ADDRESS **710 NW 177TH AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL**

3.1 TITLE **TD** ☐ Change ☒ Addition  
3.2 NAME **Reyes, Kathleen**  
3.3 STREET ADDRESS **Kathleen N. Reyes, CPA, PA**  
3.4 CITY-ST-ZIP **9576 NW 41 St., Miami, FL 33178**

TITLE **TD** ☒ DELETE  
NAME **ZUCKER, STEVEN**  
STREET ADDRESS **90 S.W. 91 ST, 205**  
CITY-ST-ZIP **PLANTATION FL**

4.1 TITLE **SD** ☐ Change ☒ Addition  
4.2 NAME **Slade, Roger-Haber, Lewis & Pathman**  
4.3 STREET ADDRESS **2 So. Biscayne Blvd., Suite 3660**  
4.4 CITY-ST-ZIP **Miami, FL 33131**

TITLE **DP** ☒ DELETE  
NAME **LYNCH, MICHAEL R**  
STREET ADDRESS **710 N.W. 177TH AVE.**  
CITY-ST-ZIP **PEMBROKE PINES FL**

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 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: (x) *Milton D. Piedra*

*3/2/98 (305) 592-5141*

CR2E037 (10/97)