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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37819

1. Corporation Name

AIRPORT WEST CHAMBER OF COMMERCE, INC.

Principal Place of Business

8181 NW 36 ST
STE 14E
MIAMI FL 33166
US

Mailing Address

8181 NW 36 ST
STE 14E
MIAMI FL 33166
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/23/1990

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

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

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

TITLE PD
NAME COHEN, PAUL
STREET ADDRESS EASTON BABCOCK, 3280 N.W. 72ND AVE.
CITY-ST-ZIP MIAMI FL 33122

DELETE

TITLE VPD
NAME QUADRENY, JORGE CUSTOM
STREET ADDRESS 1200 NW 78TH AVE, SUITE 104
CITY-ST-ZIP MIAMI FL 33126

DELETE

TITLE TD
NAME REYE, KATHLEEN
STREET ADDRESS 9576 NW 41ST STREET
CITY-ST-ZIP MIAMI FL 33178

DELETE

TITLE SD
NAME SLADE, ROGER
STREET ADDRESS 2 S BISCAYNE BLVD, SUITE 3660
CITY-ST-ZIP MIAMI FL 33131

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME ROGER SLADE
1.3 STREET ADDRESS ONE BISCAYNE TOWER 2 SO BISCAYNE BLVD #3660
1.4 CITY-ST-ZIP MIAMI, FL 33131

Change Addition

2.1 TITLE VPD
2.2 NAME ANDRE G. ABBATE, JR.
2.3 STREET ADDRESS 9455 NW 40TH ATREET ROAD
2.4 CITY-ST-ZIP MIAMI, FL 33178

Change Addition

3.1 TITLE TD
3.2 NAME EDUARDO GONZALEZ
3.3 STREET ADDRESS 8180 NW 36TH STREET #100
3.4 CITY-ST-ZIP MIAMI, FL 33166

Change Addition

4.1 TITLE SD
4.2 NAME HERBERT VARGAS
4.3 STREET ADDRESS 2001 NW 107 TH AVE
4.4 CITY-ST-ZIP MIAMI, FL 33172

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EX. DIR. 4-26-99 305-592-5141
Date Daytime Phone #

CR2037 (11/98)