

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 11 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44691 (6)

1. Corporation Name
THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER OF COMMERCE CHARITABLE TRUST, INC.



Principal Place of Business 43 N. KROME AVE 2ND FLOOR HOMESTEAD FL 33030 US	Mailing Address 43 N. KROME AVE 2ND FLOOR HOMESTEAD FL 33030 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 08/15/1991	3a. Date of Last Report 04/04/1996	4. FEI Number 65-0339130	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
		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 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 SOVIA, KIM 43 N. KROME, 2ND FLOOR HOMESTEAD FL 33030				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	REES, EVAN 701 BRICKELL AVENUE 4TH FLOOR MIAMI FL 33131	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President/CEO Kim Sovia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	PHILLIPS, ROY 500 COLLEGE TERRACE HOMESTEAD FL 33030	<input checked="" type="checkbox"/> DELETE	1.2 NAME Kim Sovia
TITLE TO	HUARD, MARK 850 N. HOMESTEAD BLVD HOMESTEAD FL 33030	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 43 N. Krome Avenue
TITLE VPD	BOULANGER, ALBERT 100 NE 13ST STREET HOMESTEAD FL 33030	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Homestead, Fl 33030
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE D Steve Shiver <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	2.2 NAME Steve Shiver
TITLE		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 10 NE 35 Street Florida City FL 33034
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP D David Peyton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE D David Peyton
TITLE		<input type="checkbox"/> DELETE	3.2 NAME David Peyton
TITLE		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS 1550 N. Krome Avenue
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP Homestead, Fl 33030
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE Director D Jane Memillan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.2 NAME Jane Memillan
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS 201 S. Biscayne Blvd
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP Miami, Fl 33130
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
TITLE		<input type="checkbox"/> DELETE	5.2 NAME
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
TITLE		<input type="checkbox"/> DELETE	6.2 NAME
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	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 _____ SIGNATURE _____

CF2E037 (4/97)