FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # N47950 (3)

DOWNTOWN NORTH MIAMI BUSINESS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED

Apr 25 1997 8:00am

Secretary of State

12326 N.E. 6 AVENUE SUITE ONE NORTH MIAMI FL 33161		12326 N.E. 6 AVENUE SUITE ONE NORTH MIAMI FL 33161-5588		3. Date Incorporated or Qualified 03/19/1992	3a. Date of Last Report 03/05/1996
2. Principal Place of Business 21 6/4 N 6 /2 4 57. 26 6/4 N 5			vu C#	4. FEI Number 65-0335474	Applied For
21 6/ V Suite, Apt.	#, etc.	26 6 (Y NE / Suite, Apt. #, etc.	24 <i>ST</i>		Not Applicable \$8.75 Additional
22 27		27		5. Certificate of Status Desired	Fee Required
City & State 23 No A 7	4 MIAMI , FL	City & State MIA	mi FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zig 3 / 6		29 33161	Country		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 0 A4. RC					
KON E. MABOCCO					
WALLBERG, LEO JR 12326 NE 6 AVENUE 82 Sireot Address (P.O. Box Number is Not Acceptable)					
SUITE ONE					
NO MIAMI FL 33161					
-44-5		1647 4500 51 11 0	710	PRTH MIAMI	FL 33/6/
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 each, 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.					
agent, I am tamilar with, and accept the obligations of Section 617.0503, Florida Statutes.					
Signature X Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Opio 16, 97 DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	1/
TITLE	DS	DELETE	1.1 TITLE	DV	Change Addition
NAME	WILLIAMS, ALVIN		1.2 NAME	MUMMERY, FLORA H.	
STREET ADDRESS	990 NE 125 ST. NO MIAMI FL 33161		1.3 STREET ADDRESS	701 NE 125 START NORTE MIANI FL 3316	,
CITY-ST-ZIP	DV	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	D D	Change Addition
NAME	PATCHEN, SOL		22 NAME		
STREET ADDRESS	12340 NE 6TH CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI FL 33161		2. 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	or	Change Addition
NAME	MCCABE, SISTER F		3.2 NAME		
STREET ADDRESS	7525 NORTHWEST 2ND AVENU	JE	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL DP	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	MARROCCO, RON E	occur	4.1 TITLE 4.2 NAME		DET CHANGE LI ADDITION
STREET ADDRESS	610-618 NE 124TH ST		4.3 STREET ADDRESS	614 NE 124 ST.	
CITY-ST-ZIP	NO MIAMI FL 33161		4.4 CITY- ST - ZIP		
TITLE	D	DELETE	5 1 TITLE	DT .	☐ Change 🔀 Addition
NAME	BARNES, WALTER		5.2 NAME	KNOWLES, MICHAEL 990 NE 125 STREET	
STREET ADDRESS	695 NE 123RD ST		5.3 STREET ADDRESS	990 NE 125 STALL	
CITY-ST-ZIP	NO MIAMI FL 33161	DELETE	5.4 CITY - ST - ZIP	NONTH MIAM FL 331	6/
TITLE	DT WALLBEDG LEG ID	DELETE	6.1 TITLE	D	Change Addition
NAME >	Wallberg, Leo Jr. 12328 Ne 6th ave #1		6.2 NAME		ļ
STREET ADDRESS CITY-ST-ZIP	NO MIAMI FL 33161		6.3 STREET ADDRESS		
14 Ldo beret		with this diag dass not musliful	6.4 CITY - ST - ZIP	I total in Castian 110 07/3Vi) Florida Ctatutos	16-16

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 porporation 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 attackment with an address.