


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # N47950 (3)
1. Corporation Name
DOWNTOWN NORTH MIAMI BUSINESS ASSOCIATION, INC.



Principal Place of Business 614 NE 124TH ST NORTH MIAMI FL 33161 US	Mailing Address 614 NE 124TH ST NORTH MIAMI FL 33161 US
------------------------------------------------------------------------------	------------------------------------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 03/19/1992	4. FEI Number 65-0335474	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 MARROCCO, RON E 614 NE 124TH ST NORTH MIAMI FL 33161

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 FL

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 R. Bedra (NOTE: Registered Agent signature required when reinstating) DATE 2/2/98

12. OFFICERS AND DIRECTORS	
TITLE	DV <input type="checkbox"/> DELETE
NAME	MUMMERY, FLORA H
STREET ADDRESS	701 NE 125TH STREET
CITY-ST-ZIP	NO MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PATCHEN, SOL
STREET ADDRESS	12340 NE 6TH CT
CITY-ST-ZIP	NO MIAMI FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	MCCABE, SISTER F
STREET ADDRESS	7525 NORTHWEST 2ND AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	MARROCCO, RON E
STREET ADDRESS	614 NE 124TH STREET
CITY-ST-ZIP	NO MIAMI FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	KNOWLES, MICHAEL
STREET ADDRESS	990 NE 125TH STREET
CITY-ST-ZIP	NO MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WALLBERG, LEO JR.
STREET ADDRESS	12326 NE 6TH AVE #1
CITY-ST-ZIP	NO MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PT BEDRA, TIFFANY
5.3 STREET ADDRESS	12340 NE 6TH CT. NORTH MIAMI, FL 33161
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ron Marrocco, President

2-18-98 893-8387

CR2E037 (10/97)