FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1997 98

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 15 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003025 (4)

1. Corporation Name
CHRISTMAS IN APRIL* GREATER MIAMI, INC.

REINSTATEMENT 97-98

Principal Place of Business	Mailing Address
8885 NW 23 STR MIAMI FL 33172 US	8885 NW 23 STR MIAMI FL 33172-2419 US

3. Date Incorporated or Qualified: 06/28/1993
3a. D[redacted]: 06/17/1996

2. Principal Place of Business
21 1320 S. Dixie Highway
22 Suite 950
23 Coral Gables, FL
24 Zip 33146 25 Country USA

2a. Mailing Address
26 8325 SW 61 AVE
27 Suite, Apt. #, etc.
28 MIAMI, FL
29 Zip 33143 30 Country USA

4. FEI Number: 65-0424304 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACKLE, FRANCIS E III
8885 NW 23 STR
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name MACKLE, LAURA
82 Street Address (P.O. Box Number is Not Acceptable) 8325 SW 61 AVE
83
84 City MIAMI FL 85 Zip Code 33143

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 Laura Mackle, Secretary 6/18/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACKLE, FRANCIS E III 8885 NW 23 STR MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D President MYRTETUS, JOSEPH 1320 S. Dixie Highway Coral Gables, FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTILLO, LAURA M 10661 S.W. 82 COURT MIAMI FL 33156	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Secretary MACKLE, LAURA 8325 SW 61 AVE MIAMI, FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, BRETT 601 BRICKELL KEY DR MIAMI FL 33131	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Treasurer HERSH, BARRY 100 S.E. 2nd Street, Suite 2200 MIAMI, FL 33131-2105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	300002594613--5 -07/21/98--01098--011 ****297.50 ****297.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	300002594613--5 -07/21/98--01098--012 ******8.75 ******8.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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: Laura Mackle 6/18/98 (305)670-9339