

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995. AMOUNT DUE ON OR BEFORE 8/8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 21 AM 9:56

DOCUMENT # N93000004658 (1)

1. Corporation Name

THE GREATER MIAMI TARGET CITIES PARTNERSHIP, INC

Principal Place of Business Mailing Address

4770 BISCAYNE BLVD.
SUITE 950
MIAMI FL 33137

4770 BISCAYNE BLVD.
SUITE 950
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/15/1993** 3a. Date of Last Report **11/17/1994**
4. FEI Number **65-0481602** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **8525 N.W. 53 Terrace** 26 **8525 N.W. 53 Terrace**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 200** 27 **Suite 200**
City & State City & State
23 **Miami, FL** 28 **Miami, FL**
Zip Country Zip Country
24 **33166** 25 **U.S.A.** 29 **33166** 30 **U.S.A.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.1332, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SHAMPLAIN, TONI
4770 BISCAYNE BLVD.
SUITE 950
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name **Toni Shamplain**
82 Street Address (P.O. Box Number is Not Acceptable) **8525 N.W. 53 Terrace**
83 **Suite 200**
84 City **Miami** FL 85 Zip Code **33166**

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 *Toni Shamplain* **TONI SHAMPLAIN, EXPIRING DIRECTOR** DATE **6/14/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **TURNBULL, BEN**
STREET ADDRESS **4770 BISCAYNE BLVD. #950**
CITY - ST - ZIP **MIAMI FL 33137**
TITLE **D**
NAME **WARD, JAMES A**
STREET ADDRESS **111 NW 1 STREET, 22 FLOOR**
CITY - ST - ZIP **MIAMI FL 33128**
TITLE **D**
NAME **SHAMPLAIN, TONI**
STREET ADDRESS **17210 NW 64 AVE.**
CITY - ST - ZIP **HIALEAH FL 33015**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1 1 TITLE **D** Change Addition
1 2 NAME **Olivia T. Martinez**
1 3 STREET ADDRESS **2141 S.W. 1 Street**
1 4 CITY - ST - ZIP **Miami, FL 33135**
2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP
3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP
4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP
5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP
6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, it is an attachment with an address.

SIGNATURE: *Toni Shamplain* **TONI SHAMPLAIN** DATE **6/14/95** (305) 499-9515

CR2E037 (3/95)