

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003191 (3)

1. Corporation Name

CIVIC CENTER TRANSPORTATION MANAGEMENT ORGANIZATION, INC.

Principal Place of Business

Mailing Address

1600 NW 16TH STREET
MIAMI FL 33136

P O BOX 016960 (R-61)
MIAMI FL 33101
US



3. Date Incorporated or Qualified

06/23/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0524573

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

2. Principal Place of Business

2a. Mailing Address

21 Professional Arts Center

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1150 N.W. 14 Street

27

City & State

City & State

23 Miami, FL 33136

28

Zip

Country

Zip

Country

24 33136

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POMBIER, EDWARD C
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE
1600 NW 12TH AVENUE
MIAMI FL 33136**

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 617.1506, 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POMBIER, EDWARD C	
STREET ADDRESS	PO BOX 016960 N/A	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EWELL, ARCIE	
STREET ADDRESS	950 NW 20TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIDAL, ARMANDO	
STREET ADDRESS	111 NW 1ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODIO, CESAR	
STREET ADDRESS	3500 PAN AMERICAN DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEMAN, RALPH	
STREET ADDRESS	1400 NW 12TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VISIEDO, OCTAVIO J	
STREET ADDRESS	1450 NE 2ND AVENUE, ROOM 403	
CITY-ST-ZIP	MIAMI FL 33132	

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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Edward Pomier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward Pomier, Director

April 1, 1996

(305)243-6360

Date

Daytime Phone #

CR2E037 (12/95)