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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003191 (3)

1. Corporation Name

CIVIC CENTER TRANSPORTATION MANAGEMENT ORGANIZATION, INC.

Principal Place of Business

Mailing Address

PROFESSIONAL ARTS CENTER
1150 NW 14 STREET
MIAMI FL 33136
US

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

3. Date Incorporated or Qualified

06/23/1994

4. FEI Number

65-0524573

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1400 N.W. 10th Avenue

26 Suite, Apt. #, etc.

22 Suite #914

27 Suite, Apt. #, etc.

City & State

City & State

23 Miami, FL

28 Zip

24 33136

Country
25 Dade

29 Zip

Country
30

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D POMBIER, EDWARD C
STREET ADDRESS
PO BOX 016960 N/A
CITY-ST-ZIP
MIAMI FL 33101

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D EWELL, ARDIE
STREET ADDRESS
950 NW 20TH STREET
CITY-ST-ZIP
MIAMI FL 33127

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D VIDAL, ARMANDO
STREET ADDRESS
111 NW 1ST STREET
CITY-ST-ZIP
MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D ODI, CESAR
STREET ADDRESS
3500 PAN AMERICAN DRIVE
CITY-ST-ZIP
MIAMI FL 33133

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D ALEMAN, RALPH
STREET ADDRESS
1400 NW 12TH AVENUE
CITY-ST-ZIP
MIAMI FL 33136

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D VISIEDO, OCTAVIO J
STREET ADDRESS
1450 NE 2ND AVENUE, ROOM 403
CITY-ST-ZIP
MIAMI FL 33132

6.1 TITLE ☐ Change ☐ 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:

Edward C. Pombier

April 23, 1998 (305) 243-6359

CR2E037 (10/97)