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FILED

Feb 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N95000000700 (3)

1. Corporation Name

SOUTH FLORIDA SUPER BOWL HOST COMMITTEE FOUNDATI  
ON, INC.

Principal Place of Business

Mailing Address

2601 SOUTH BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

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SUITE 1600  
MIAMI FL 33133

3. Date Incorporated or Qualified

02/13/1995

4. FEI Number

65-0571944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. JOHNS, GREGORY  
2601 SOUTH BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

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 617.1508, 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

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 ☐ DELETE  
NAME ADORNO, HENRY N  
STREET ADDRESS 2601 S. BAYSHORE DRIVE SUITE 600  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME COLSON, DEAN C  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD. 47TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE  
NAME BEATTY, ROBERT  
STREET ADDRESS 2601 S. BAYSHORE DR. #1600  
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE  
NAME NORTON, SUSAN  
STREET ADDRESS 2601 S. BAYSHORE DR. #1600  
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE  
NAME PINO, SERGIO  
STREET ADDRESS 2601 S. BAYSHORE DR. #1600  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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: X Henry N. Adorno REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026728

CR2E037 (10/97)