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Feb 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

DOCUMENT # N95000000888 (6)

1. Corporation Name

COALITION OF DADE COUNTY CHAMBERS OF COMMERCE, I  
NC.



Principal Place of Business

Mailing Address

% NORTH DADE CHAMBER  
18350 NW 2 AVENUE, SUITE 600  
MIAMI FL 33169

% NORTH DADE CHAMBER  
18350 NW 2 AVENUE, SUITE 600  
MIAMI FL 33169

9/0 MIAMI BEACH CHAMBER of Commerce

2. Principal Place of Business

2a. Mailing Address

21 1920 Meridian Ave  
Suite, Apt. #, etc.

26 1920 Meridian Ave  
Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI BEACH FL

28 MIAMI BEACH FL

Zip

Country

Zip

Country

24 33139

25 USA

29 33139

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANDELL, LEE  
LEE MANDELL, P.A.  
75 VALENCIA AVE., STE. 1002  
CORAL GABLES FL 33134

81 Name

Bruce m Singer

82 Street Address (P.O. Box Number is Not Acceptable)

1920 Meridian Ave

83

84 City

MIAMI BEACH

FL

85

Zip Code

33139

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

Bruce m Singer Sec/Treasurer

1/22/98

(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 ~~STB~~ ☐ DELETE  
NAME CUSON, TERRY  
STREET ADDRESS 18350 NW 2ND AVENUE, SUITE 600  
CITY-ST-ZIP MIAMI FL 33169

1.1 TITLE V/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ~~VB~~ ☒ DELETE  
NAME LOPEZ, VINCE  
STREET ADDRESS ~~640 BELLSOUTH/150 W. FLAGLER STREET, #1820~~  
CITY-ST-ZIP ~~MIAMI FL 33139~~

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ~~VB~~ ☐ DELETE  
NAME SINGER, BRUCE  
STREET ADDRESS 1920 MERIDIAN AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33139

3.1 TITLE S/T/D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ~~VB~~ ☐ DELETE  
NAME MASSON, Donna  
STREET ADDRESS 6410 SW 80th St.  
CITY-ST-ZIP S. MIAMI 33143

4.1 TITLE P/D ☐ Change ☒ Addition  
4.2 NAME WILBERT T HOLLOWAY  
4.3 STREET ADDRESS 150 W. FLAGLER ST. #1820  
4.4 CITY-ST-ZIP MIAMI, FL 33139

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE V/D ☐ Change ☒ Addition  
5.2 NAME MASSON, DONNA  
5.3 STREET ADDRESS 6410 SW 80th St.  
5.4 CITY-ST-ZIP S. MIAMI, FL 33143

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

R. TERRY CUSON

1-15-98 (201) 690-9123

CR2E037 (10/97)