				FILED Apr 22, 2004 8:00 am Secretary of State									
2004 NOT-FOR-PROFIT CORPORATIO				•	Secret	arv of State							
1. Entity Nam COALITIC	MENT # N9500000		04-22-2004 90028 049 ****70.00										
Principal Place of Business Mailing Address C/O MIAMI BEACH CHAMBER OF COMMERCE C/O MIAMI BEACH CHAMBER OF 1920 MERIDIAN AVENUE 1920 MERIDIAN AVENUE MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 US				J Y U J U U U U   01072004 No Chg-NP   CR2E037 (10/03)   4. FEI Number   65-0598802   S. Certificate of Status Desired									
DO NOT WRITE IN THIS SPAC			CE										
	6. Name and Address of Current												
SINGER, BRUCE M. 1920 MERIDIAN AVE MIAMI BEACH, FL 33139			DO NOT WRITE IN THIS SPACE										
							8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
							SIGNATURE						
Filing Fee is \$61.259. Election Campaign FinanDue by May 1, 2004Trust Fund Contribution.				.00 May Be ed to Fees									
10.	-												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGE SCHWARTZ, GERALD K 11 TLINCOLN RD., STE 800 MAM, FL 33139												
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CED CUSON, TERRY 18360 NW 2ND AVENUE, STE 6 MIAMI, FL 33169	00											
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINGER, BRUCE 1920 MERIDIAN AVENUE MIAMI BEACH, FL 33139	DO NOT WRITE											
TITLE NAME Street address City-st-zip	CD MASSON, DONNA 6410 S.W. 80TH ST. S. MIAMI, FL 33143			IN THIS SPACE									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HNNETTE TADI 1920 Meridia Mõrma BZAC												
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•											
12. 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 report or supplymental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: SIGNATURE: SIGNATE DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytomo Phone #													

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