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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001059 (2)

1. Corporation Name

CHRISTIAN CHAMBER OF COMMERCE OF DADE COUNTY, IN
C.

Principal Place of Business
9260 SUNSET DRIVE STE 219
MIAMI FL 33173

Mailing Address
9260 SUNSET DRIVE STE 219
MIAMI FL 33173-3255



3. Date Incorporated or Qualified 02/26/1996
3a. Date of Last Report N/A

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0649281		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country					
24		29					

9. Name and Address of Current Registered Agent

MAGANN, JULY ESQ.
14400 SW 44TH STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name Michael Cafaro
82 Street Address (P.O. Box Number is Not Acceptable)
100 N.E. 15 ST. # 103C
83
84 City Homestead FL 85 Zip Code 33030

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]* DATE 2/13/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BICHARA, ROLANDO			1.2 NAME	MARY VALDES		
STREET ADDRESS	7935 NW 162ND STREET			1.3 STREET ADDRESS	9260 Sunset Dr, Suite 219		
CITY - ST - ZIP	MIAMI FL 33016			1.4 CITY - ST - ZIP	Miami, FL 33173		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALDES, MARY			2.2 NAME	Richard Ramos		
STREET ADDRESS	19 ANTILLA AVENUE			2.3 STREET ADDRESS	85 Grand Canal Dr. #402		
CITY - ST - ZIP	CORAL GABLES FL 33134			2.4 CITY - ST - ZIP	Miami, FL 33144		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAN, GISELA			3.2 NAME	Michael Cafaro		
STREET ADDRESS	12180 SW 87TH AVENUE			3.3 STREET ADDRESS	100 N.E. 15 ST, #103C		
CITY - ST - ZIP	MIAMI FL 33176			3.4 CITY - ST - ZIP	Homestead, FL 33030		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, MARIA C			4.2 NAME			
STREET ADDRESS	7365 FAIRWAY DRIVE APT. 127			4.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI LAKES FL 33014			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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: *[Signature]* DATE 2/13/97 (305) 498-1658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)