## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT #

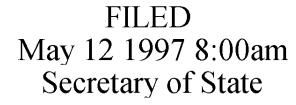
N96000004111 (8)

CORAL GABLES INTERNATIONAL JUNIOR CHAMBER OF COM MERCE, INC.

Principal Place of Business 400 UNIVERSITY DR. CORAL GABLES FL 33134

Mailing Address

400 UNIVERSITY DR. CORAL GABLES FL 33134-7142





									ſ	<ol> <li>Date Incorporated or Quali 08/06/1996</li> </ol>	fied 3a. [	Date of Last P	teport	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number	L	I IAI	oplied For	
21	•				26							<del> </del>	ot Applicable	
5	Suite, Apt #, etc.				Suite, Apt. #, etc.								Additional	
22					27					Certificate of Status Desire	d 🗆		equired	
City & State				·	City & State					Election Campaign Financing \$5.00 May Be				
23					28					Trust Fund Contribution Added to Fees				
	<b>2</b> (p					Country	- The corporation has itability to intanglish tax dives a la			i. 199.032,				
24							30			Florida Statutes Yes No				
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent					
									Name					
								82 Street Address (P.O. Box Number is Not Acceptable)						
2151 LE JEUNE RD., MEZZANINE FLOOR								State Control of the						
	CORAL GABLES FL 33134-4200													
					84 City						let 7:a	Codo		
							0~	City			FI	_  85   Zip	Code	
11.	Pursuant 1	to the provis	ions of Sections 6	17.0502 and	617.1508, Florida (	Statutes, the	e above	e-namec	corpora	ation submits this statement for	the purpose	of changing l	ts registered	
	office or re agent 1 a	egistered ag m familiar wi	jent, or both, in the	State of Flor	rida. Such change of Section 617.050	was author	ized by	the cor	rporation	ation submits this statement for 's board of directors. I hereby	accept the ap	pointment as	registered	
		eri içiri)ilikar <del>yy</del>	in, and accept the	obligations	01, 0001011 017.030	SO, FIORICE V	Jidiuloi	<b>&gt;</b> .						
SiGi	NATURE .	Signature, typied	or printed name of regis	ered agent and til	le II applicable.	(NOTE: Fleois	tered Age	nt sipnatur	re required v	when reinstating)	DATE			
12.			OFFICE	RS AND DIRE	CTORS		3.			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	1S IN 12	
TITLE		D			DELETE		1.1 TOLE >		N			Change	Addition	
NAME	. [	MEDINA, ANA			<i>/</i> ^		1.2 NAME		746	OLDWICH, DAVID			-	
STREE	ET ADDRESS							ADDRESS		9 BIRD AVE, STE	312		Ī	
	·ST-ZIP	14444 54 00400					.4 CITY-S			- ·				
TITLE		D					1 TITLE	1-215	+ PALL	4MI, FL 33/3	2	Change	Addition	
NAME		_	DICHADD		<u> </u>		.2 NAME		1			onengo	C Addition	
	WEINER, RICHARD ET ADDRESS 2809 BIRD AVE., STE. 312			10										
			•	112			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		1		•			
TITLE	ST-ZIP MIAMI FL 33133							ST-ZIP	<del>                                     </del>			Change	E Contraction	
		D	OC DEDDIE		- Court	- 1	.1 TITLE		P	MILTUN, AUCEN	/	Change	Addition	
NAME			ers, debbie	44			.2 NAME							
	2809 BIRD AVE., STE. 312			12	3.3 \$					ug BIRD AVE, ST				
	ST-ZIP	MIAMI F	L 33133				.4. CITY - 5	ST-ZIP	$\perp$ $\mu$ 1	IAMI, FL 33/3	3.3			
TITLE	1				DELET	Ł 4	.1 TITLE		1		•	Change	Addition	
NAME						4	. 2 NAME		-					
STREE	ET ADDRESS					4	.3 STREET	ADDRESS	1					
ÇI1Y-	ST-ZIP						4 CITY-5	T-ZIP						
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CITY-	ST-ZIP						4 CITY-S							
TITLE					DELET	_	.1 TITLE	· · · · · · · · · · · · · · · · · · ·	1		***	Change	Addition	
NAME						6	2 NAME					•		
	ET ADDRESS					_		ADDRESS						
	ST-ZIP													
		ov certify the	t the information s	unnlied with I	his filing dose not		4 CITY-S		etated in	Section 119.07(3)(i), Florida Si	latutae I furth	er cartifu that	- Ihe	
	informatio	n indicated	on this annual reo	ort or suppler	nental annual reco	rt is true ar	nd accu	irate and	d that m	v signature shall have the same	ienal effect s	ar corney uldi	der 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: ALICAN SIGNATURE ALICAN STRANG OFFICER OR DIRECTOR

(305)594-2600