FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700000124

AVENTURA FL 33160

AVENTURA CHAMBER OF COMMERCE, INC.

Principal Place of Business 18305 BISCAYNE BLVD.. STE. 300

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

18305 BISCAYNE BLVD., STE, 300 AVENTURA FL 33160

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90020 011 ****61.25



Applied For

Not Applicable

3. Date Incorporated or Qualifed

01/09/1997

65-0742856

4. FEI Number

City & Stat	е	City & State	City & State				ertificate of St	atus Desired		\$8.75 A		
23		28				1				Fee Re	·	
Zip	Country Zip			Country			ection Campa	-	g. m	\$5.00		
24	25 29 30				Trust Fund Contribution					Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
				81	Name						;	
MARSHALL, M. KEITH					Street Addre	ss (P.O.	Box Number	is Not Acce	otable)			
18305 BISCAYNE BLVD., STE. 300										····		
AVENTURA FL 33160					•				•			
-				84	City				····	85 Zip C	ode	
Larger Service	Surface Control of Control				•			na sa ntara	FL	• il beleg alase il	\$44 545 £ 18 44	
11. Pursuant	to the provisions of Sections 617.050 registered agent, or both, in the State	2 and 617 1508, Florida	Statutes, the a	bove	-named corpo	ration su	ibmits this sta	tement for th	e purpose o	f changing its	registered	
agent. I a	egistered agent, or both, in the State om familiar with, and accept the obliga	of Florida. Such change tions of, Section 617.05	e was authorized 503, Florida Stati	າຍງເ utes.	ine corporation	ii \$ DOan	i di dilectors.	Thereby acc			STATE OF STA	
SIGNATURE										; ·		
SIGNATURE	Signature, typed or printed name of registered age	t and title if applicable.	(NOTE: Registered	Agent	signature required				DATE			
12.		D DIRECTORS	13.					ANGES TO C	FFICERS A	ND DIRECTO		
TITLE	PD	☐ D£L	.ETE 1.1 TN	ſLΕ			特别意见			Change	Addition	
NAME	1100 TOT MIN IT, CIME		1.2 NA	1.2 NAME								
STREET ADDRESS	STREET ADDRESS 3640 YACHT CLUB DR., UNIT 1802			1.3 STREET ADDRESS			FGT CHEC		-			
CITY-ST-ZIP	AVENTURA FL 33160		1.4 CI	TY-ST	-ZIP					,		
TITLE	D	☐ DELETE 2.11		ſLΕ						Change	Addition	
NAME	Marshall, M. Keith		2.2 NA	ME					•	•	,	
STREET ADDRESS	18305 BISCAYNE BLVD., STE.	300	2.3 ST	REET.	ADDRESS		•			٠.,		
CITY-ST-ZIP	AVENTURA FL 33160		2.4 C	ITY-ST	T-ZIP						. ′	
TITLE	D	☐ DEL	.ETE 3.1 TΠ	ΠE					,	☐ Change	Addition	
NAME	KORNIK, GARY		3.2 NA	WE								
STREET ADDRESS		300A	3.3 ST	REET.	ADDRESS			1	: .			
CITY ST-ZIP	AVENTURA FL 33160		3.4. C	TY-ST	r-zip		•					
TITLE		☐ DEL	ETE 4.1 TR	D.E						☐ Change	Addition	
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STREET ADDRESS	}~ 		4.3 ST	REET	ADDRESS							
CITY-ST-ZIP	-		4.4 CF	TY-ST	-ZIP					相思計學自		
TITLE		□ DEL	.ETE 5.1 Ti	īΈ		•				Change	☐ Addition	
NAME			5.2 NA	ME					· į	. :		
STREET ADDRESS			5.3 ST	REET.	ADDRESS					:		
CITY-ST-ZIP	W		5.4 CF	TY-ST	-ZIP	: ."	快点的开		Ť,	<i>?</i> .	·	
TITLE	PART STATE	☐ DEL	.ETE 6.1 TΠ	n.E					:	☐ Change	☐ Addition	
NAME	36 (1)		6.2 NA	WE			11 P.					
STREET ADDRESS	F 198 3		6.3 ST	REET.	ADDRESS			•			.]	

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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: