

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 30 1997 8:00am  
Secretary of State

DOCUMENT # P95000072393 (8)

1. Corporation Name

HIALEAH GARDENS CHAMBER OF COMMERCE & WEST INDUS  
TRIES, INC.

Principal Place of Business

8200 NORTHWEST 103 STREET, BAY 6  
HIALEAH GARDENS FL 33016

Mailing Address

8200 NORTHWEST 103 STREET, BAY 6  
HIALEAH GARDENS FL 33016



2. Principal Place of Business	2a. Mailing Address
21 12184 N.W. 98th AVE	26 12184 N.W. 98th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 HIALEAH GARDEN FL	28 HIALEAH GARDEN FL
Zip	Zip
24 33018	29 33018
Country	Country
25 DADE-USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
09/19/1995	04/26/1996
4. FEI Number	Applied For
65-0752768	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	SANTALLA, OSCAR
82 Street Address (P.O. Box Number is Not Acceptable)	7295 W 2nd COURT
83	
84 City	HIALEAH
85 Zip Code	FL 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* PRESIDENT. April 15-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTALLA, OSCAR	1.2 NAME	
STREET ADDRESS	8200 NORTHWEST 103 STREET, BAY 6	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MISDRAJI, DENNIS	2.2 NAME	VALLEE, GENOVEVA SD
STREET ADDRESS	8200 NORTHWEST 103 STREET, BAY 6	2.3 STREET ADDRESS	12184 N.W. 98th AVE
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	2.4 CITY-ST-ZIP	HIALEAH GARDEN, FL 33018
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, JANE M	3.2 NAME	
STREET ADDRESS	8200 NORTHWEST 103 STREET, BAY 6	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* PRESIDENT. April 15-97 823-5731  
(NOTE: Signature and typed or printed name of signing officer or director)

CR2E034 (9/96)