

1-2240 D-0021-C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 22 1998 8:00am  
Secretary of State

DOCUMENT # P97000021997 (6)

1. Corporation Name

GREATER MIAMI WELCOME ASSOCIATION, INC.

Principal Place of Business

1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33134

Mailing Address

1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1997

2. Principal Place of Business

2a. Mailing Address

21 9655 S. DIXIE HWY  
Suite, Apt. #, etc.  
315

26 9655 S. DIXIE HWY  
Suite, Apt. #, etc.  
315

4. FEI Number

65-0793388

Applied For

Not Applicable

22 City & State

23 MIAMI, FL

27 City & State

28 MIAMI, FL

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip

33156

25 Country

DADE

29 Zip

33156

30 Country

DADE

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SEVIN, NORMAN M  
1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE  
NAME SEVIN, NORMAN M  
STREET ADDRESS 1313 PONCE DE LEON BLVD., SUITE 301  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME LESLIE FRIEDLAND  
1.3 STREET ADDRESS 9655 S. DIXIE HWY  
1.4 CITY-ST-ZIP MIAMI, FL 33156

2.1 TITLE SECY - TREAS - DIRECTOR ☐ Change ☒ Addition  
2.2 NAME MAURILE FRIEDLAND  
2.3 STREET ADDRESS 9655 S. DIXIE HWY  
2.4 CITY-ST-ZIP MIAMI, FL 33156

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Maurile Friedland*

1/16/98

305-665-0401

CR2E034 (10/97)