


**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90078 026 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine H. Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P97000021997</b> 1. Corporation Name <b>GREATER MIAMI WELCOME ASSOCIATION, INC.</b>			
Principal Place of Business 9655 S. DIXIE HWY SUITE 315 MIAMI FL 33156 US		Mailing Address 9655 S. DIXIE HWY SUITE 315 MIAMI FL 33156 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip Country 30	
3. Date Incorporated or Qualified <b>03/11/1997</b>		4. FEI Number <b>65-0733388</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SEVIN, NORMAN M</b> <b>1313 PONCE DE LEON BLVD., SUITE 301</b> <b>CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent B1 Name <b>MAURICE FRIEDLAND</b> B2 Street Address (P.O. Box Numbers Not Acceptable) <b>9655 S. DIXIE HWY SUITE 315</b> B3 B4 City <b>MIAMI</b> FL B5 Zip Code <b>33156</b>	
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 <i>Maurice Friedland</i> <b>MAURICE FRIEDLAND</b> DATE <b>3/19/99</b> <small>Signature of agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
12. OFFICERS AND DIRECTORS TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>FRIEDLAND, LESLIE</b> STREET ADDRESS <b>9655 S. DIXIE HWY</b> CITY-ST-ZIP <b>MIAMI FL 33156</b> TITLE <b>STD</b> <input type="checkbox"/> DELETE NAME <b>FRIEDLAND, MAURICE</b> STREET ADDRESS <b>9655 S. DIXIE HWY</b> CITY-ST-ZIP <b>MIAMI FL 33156</b> TITLE <b>.</b> <input type="checkbox"/> DELETE NAME <b>.</b> STREET ADDRESS <b>.</b> CITY-ST-ZIP <b>.</b> TITLE <b>.</b> <input type="checkbox"/> DELETE NAME <b>.</b> STREET ADDRESS <b>.</b> CITY-ST-ZIP <b>.</b> TITLE <b>.</b> <input type="checkbox"/> DELETE NAME <b>.</b> STREET ADDRESS <b>.</b> CITY-ST-ZIP <b>.</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>MAURICE FRIEDLAND</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>PRESIDENT.</b> 1.3 STREET ADDRESS <b>9655 S. DIXIE HWY</b> 1.4 CITY-ST-ZIP <b>MIAMI, FL 33156</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

*Maurice Friedland* **MAURICE FRIEDLAND**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)