

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000004304

Entity Name: MIAMI-BROWARD ONE CARNIVAL HOST COMMITTEE INC.

Current Principal Place of Business:

18425 NW 2 AVENUE
SUITE 335
MIAMI GARDENS, FL 33169

Current Mailing Address:

18425 NW 2ND AVENUE
SUITE 335
MIAMI GARDENS, FL 33169 US

FEI Number: 27-0200754

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILL, MARLON ESQ
150 SE 2ND AVENUE
SUITE 1200
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARLON HILL

09/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WILLIAMS, RUTHVEN
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title PRESIDENT
Name HINKSON, JOAN
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title DIRECTOR
Name MOHAMMED, RAFIEK
Address 7400 NW 36 STREET
City-State-Zip: LAUDERHILL FL 33319

Title TREASURER
Name ZAMORA, MARIO
Address 8004 NW 154 STREET #132
City-State-Zip: MIAMI LAKES FL 33016

Title VP
Name BECKFORD, JOHN
Address 3414 HEATHER TERRACE
City-State-Zip: LAUDERHILL FL 33319

Title DIRECTOR
Name SYDNEY, ROBERTS
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title SECRETARY
Name CARTER, KEITH
Address 730 NW 74TH TERRACE
City-State-Zip: TAMARAC FL 33063

Title DIRECTOR
Name D'ARCY, KATHRYN
Address 122 CROWNE WOODS DRIVE
City-State-Zip: HOOVER AL 35244

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN BECKFORD

VICE PRESIDENT

09/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DECRUISE, CARL
Address 8211 NW 169TH TERRACE
City-State-Zip: MIAMI LAKES FL 33016

Title ASST. TREASURER
Name JEANETTE HAYNES
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title DIRECTOR
Name ANTHONY JOSEPH
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title DIRECTOR
Name RAYMOND LUKE
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title DIRECTOR
Name LARSON PHIPPS
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title ASST. SECRETARY
Name GILDA SWASEY
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title DIRECTOR
Name FRAZIER, CYNTHIA
Address 1695 WANNAMAKER AVENUE
City-State-Zip: SUMMERVILLE SC 29485

Title DIRECTOR
Name NICHOLAS JACK
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title DIRECTOR
Name ASA SEALY
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title DIRECTOR
Name DALLAS MICHAEL
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title DIRECTOR
Name MARLENE GREGOIRE
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014

Title DIRECTOR
Name YVETTE HARRIS
Address 5288 NW 163 STREET
City-State-Zip: MIAMI GARDENS FL 33014