

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004304

**Entity Name:** MIAMI-BROWARD ONE CARNIVAL HOST COMMITTEE INC.**Current Principal Place of Business:**5288 NW 163 STREET  
MIAMI GARDENS, FL 33014**Current Mailing Address:**5288 NW 163 STREET  
MIAMI GARDENS, FL 33014 US**FEI Number:** 27-0200754**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, MARLON AESQ  
200 S BISCAYNE BLVD SUITE 2750  
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:**\_\_\_\_\_  
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

**Continues on page 2**

*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:** MARIO ZAMORA

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03/03/2016

\_\_\_\_\_  
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