

FILE NOW. FILING FEE AFTER MAY 1 IS \$150.00

CORPORATION ANNUAL REPORT 1995

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
 95 FEB 22 AM 11:15

DOCUMENT # 714354 (8)

1. Corporation Name
CAMARA DE COMERCIO LATINA DE LOS ESTADOS UNIDOS (CAMACOL), INC.

Principal Place of Business Mailing Address

1417 S. FLAGLER ST. MIAMI FL 33135
 1417 S. FLAGLER ST. MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/29/1968** 3a. Date of Last Report **02/18/1994**

4. FEI Number **59-1232945** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SABINES, LUIS
1417 W. FLAGLER ST.
MIAMI FL 33135

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE SD
 NAME VEGA, MANUEL
 STREET ADDRESS 470 NW 32ND PLACE
 CITY - ST - ZIP MIAMI FL

TITLE TD
 NAME NARANJO, ORLANDO
 STREET ADDRESS 2300 CORAL WAY
 CITY - ST - ZIP MIAMI FL

TITLE PD
 NAME SABINES, LUIS
 STREET ADDRESS 1417 W FLAGLER ST
 CITY - ST - ZIP MIAMI FL

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Luis Sabines Luis Sabines 1/27/95 305-642-3470

NONATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR (Name in Block 12)