

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 714354 (8)**

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

Principal Place of Business Mailing Address  
**1417 W FLAGLER ST. MIAMI FL 33135** **1417 W FLAGLER ST. MIAMI FL 33135-2208**



3. Date Incorporated or Qualified **03/29/1968** 3a. Date of Last Report **02/09/1996**

2. Principal Place of Business 2a. Mailing Address

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

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

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 25 Country 29 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>VEGA, MANUEL</b>	
STREET ADDRESS	<b>470 NW 32ND PLACE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>NARANJO, ORLANDO</b>	
STREET ADDRESS	<b>2300 CORAL WAY</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SABINES, LUIS</b>	
STREET ADDRESS	<b>1417 W FLAGLER ST</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/8/97** 305-642-3870  
Daytime Phone # **0028004**

CR2E037 (9/96)