

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # 736359 (1)

1. Corporation Name
COLOMBIAN-AMERICAN CHAMBER OF COMMERCE OF GREAT R MIAMI, INC.



Principal Place of Business
2355 SALZEDO ST
SUITE 209
CORAL GABLES FL 33134
US

Mailing Address
2355 SALZADO ST
SUITE 209
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified 07/08/1976
3a. Date of Last Report 02/17/1995
4. FEI Number 59-2775981
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business **2a. Mailing Address**
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Zip **Country** **29** Zip **30** Country

9. Name and Address of Current Registered Agent
WOODBRIDGE, FREDERICK JR
100 N. BISCAYNE BLVD., 21ST FLOOR
MIAMI FL 33132

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code **FL**

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

12. OFFICERS AND DIRECTORS DELETE

TITLE	= D =	<input type="checkbox"/> DELETE
NAME	QUINTERO, ALFREDO	
STREET ADDRESS	801 BRICKELL AVE PENTHOUSE 1	
CITY - ST - ZIP	MIAMI FL	
TITLE	= D =	<input checked="" type="checkbox"/> DELETE
NAME	FERRELL, CESAR	
STREET ADDRESS	241 SEVILLA AV ST 904	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BERMUDEZ, EUCARIO	
STREET ADDRESS	11461 SW 102 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	= D =	<input checked="" type="checkbox"/> DELETE
NAME	ROJAS, JULIO	
STREET ADDRESS	704 BRICKELL AVE ST 1700	
CITY - ST - ZIP	MIAMI FL	
TITLE	= S =	<input checked="" type="checkbox"/> DELETE
NAME	GALLE, DAVID	
STREET ADDRESS	5220 NW 72 AVE BAY 4	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TARAZONA, MARIA CONSUELO	
STREET ADDRESS	201 S BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alvaro Lozano	
1.3 STREET ADDRESS	1890 W. 4th. Ave.	
1.4 CITY - ST - ZIP	Hialeah, Fl. 33010	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jaime Lalinde	
2.3 STREET ADDRESS	201 S. Biscayne Blvd, #3300	
2.4 CITY - ST - ZIP	Miami, Fla. 33131	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Andres Restrepo	
4.3 STREET ADDRESS	1312 S. Miami Ave.	
4.4 CITY - ST - ZIP	Miami, Fla.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700001784457	
5.3 STREET ADDRESS	-04/17/96--01093--004	
5.4 CITY - ST - ZIP	***70.00	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Blisa Villamizar <i>Delete</i>	
6.3 STREET ADDRESS	6303 Blue Lagoon Dr. #135	
6.4 CITY - ST - ZIP	Miami, Fla.	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, if on an attachment with an address.

SIGNATURE: *Alfredo Quintero* 03-25-96 (305) 446-2542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *A. LOZANO* 04-10-96 (305) 372-9909
Date Daytime Phone #

CR2E037 (12/95)

Oct 21-10-96