FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

752927

(4)

Mailing Address

SPAIN - U.S. CHAMBER OF COMMERCE, INC.

2655 LE JEUNE RD SUITE 1108 CORAL GABLES FL 33134 US		2655 LE JEUNE RD SUITE 1108 CORALGABLES FL 33134-5802 US					
				3. Date Incorporated or Qualified 3a. I 06/12/1980	Date of Last Report 03/27/1996		
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		59-2043472	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28	Onwate		Trust Fund Contribution	Added to Fees	
Zip	Country	the terms of the t			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	25 Name and Address of Curren	29	30		Florida Statutes Yes 10, Name and Address of New Registere		
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name							
ILBIANI LINAREA							
JULIAN, LINARES 48 E FLAGLER ST				Street /	Address (P.O. Box Number is Not Acceptable)		
	iulen 31		63				
#3301	20404		33				
MIAMI FL	. 33131		84	City	· F	85 Zip Code	
44 6	10.00	2 - 1047 4500 51 000					
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	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITĻE	PD	☐ DELETE	1.1 TITLE			Change Addition	
NAME .	LINARES, JULIAN		1.2 NAME				
STREET ADDRESS	48 E FLAGLER ST		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S	ST-ZIP			
TITLE	T	DELETE	2.1 TITLE			Change Addition	
NAME	DE LARA, LUIS		2.2 NAME		OLARTE, LUIS 1900 HW 92 Ave		
STREET ADDRESS	701 BRICKELL AVE. # 1350		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-	ST-ZIP	mm, +1 33172		
TITLE	1VP	🔀 DELETE	3.1 TITLE		IVP	Change Addition	
NAME	OCAMPO, ANGELA		3.2 NAME		MARQUINA, JOSE		
STREET ADDRESS	161 CRANDON BLVD 214		33 STREET	ADDRESS	2655 LE JONE RD. SUITE		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		3.4. CITY-	ST-ZIP	CORAL GABLES, FL 331	34	
TITLE	2VP	DELETE	4.1 TITLE		2/4	Change Addition	
NAME	BLANCO, PLACIDO		4. 2 NAME		verdejas sam		
STREET ADDRESS	10520 NW 26TH ST		4.3 STREET	'ADDRESS	999 PONCE SELEON BLUD	. SUITE 605	
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-5	ST-ZIP	CORAL GABLES, FL 331	34	
TITLE	S	DELETE	5.1 TITLE		S	Change Addition	
NAME [aballi, arturo		5.2 NAME		FERNANDEZ NICOLAS	ווים	
STREET ADDRESS	1 S E 3RD AVE SUITE 1980		5.3 STREE	ADDRESS	2655 LE JEUNE RD. NITC	res i	
CITY-S1-ZIP	MIAMI FL 33131		5.4 CITY-1	ST - ZIP	CORAL GARLES, PL 3313Y		
TITLE	EO	☐ DELETE	6.1 TITLE			Change Addition	
NAME	HIDALGO, RAFAEL		6.2 NAME	1			
STREET ADDRESS	2655 LE JEUNE RD. #1108		6.3 STREE	ADDRESS			
CHTY-ST-ZIP	CORAL GABLES FL 33134		6.4 CHY-				
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 office or director of the corporation or the receiver of trustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name							
morniation indicated on this annual report or supplemental annual report is truetane 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 comprating or the receiver or trustee amounted the overhier and that my news							