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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752927

1. Corporation Name

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

Principal Place of Business Mailing Address 2655 LE JEUNE RD 2655 LE JEUNE RD											
						1 1 8 11 14 1 18 2 1 1 1 1 1 1					
SUITE 1108	SUITE 1108										
CORAL GAELES FL 33134	CORALGABLES FL 33134		_					W1 0101) 110	-	- -	
-US	US										
2 Dringing Blood of Business	2a. Mailing Address					Date incorporated or	Qualifed				7
2. Principa Place of Business	<u> </u>				"	06/12/1980					
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.				4	FEI Number				Apri	ed For
¬	27				"	59-2043472				 -	Applicable
22 City & State	City & State				-				\$8.7	 -	ditional
	28				5.	Certifcate of Status [Desired			e Requ	
Zip Cour try	Zip	Соц	ntrv			Election Campaign F	inancina		\$5.0	00	ay Be
	29	30	,		"	Trust Fund Contribut			-	led to	· 1
24 25 9. Name and Address of Curren		130	Π		10.	Name and Address		gistered .			
o. Haine and Address of Sufferi	it (togiotorea rigori		81	Name .					<u> </u>		
*********					<u> 486</u>	Sourious D	r. #				
MARQUINA, JOSE			82	Street Ad	ldress (P	O. Box Number is N	ot Acceptabl	e)			
2655 DE JEUNE ROAD, STE 905			83	- 1		,	<i>I</i> -				
CORAL GABLES FL 33134			55	Ile	n 15	is cayne	1,12				
	_		84	City	•			FL	85 4	Zip Ç:	de, /@
			L					=	<u> 4</u>	23/	
11. Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State agent, I am familiar with, and accept the obliga	and 617.1508, Florida State	utes, the al authorized	bove- I by th	named co	rporation ation's bo	n submits this statement pard of directors. I her	ent for the pu	irpose or the aproi	cnanging ntment a	g its re s regis	stered
agent. I am familiar with, and accept the obliga	tens of, Section 617.0503, F	orida Stati	utes.				ΔL	11210	20		
SIGNATUFE							-7	<u> </u>	<u>77</u>		\
Signature, typed or printed, ame 11 edistered agei		TE: Registered	Agent	signature req			O TO OFF	DATE	ID DIDE	CTOU	S IN 12
	ID DIRECTORS	13.				ADDITIONS/CHANGE	5 10 OFFI	CERS 4N	Char		Addition
TITLE PDD	☐ DELETE	1,1 TI							□ Сіва	iye	
NAME MARQUINA, JOSE		12 N									- 1
STREET ADDRESS 2655 LE JEUNE ROAD, STE 90		420	REET A	ADDRESS							
	5	1,3 51		- 1							I
CITY-ST-ZIP CORAL GABLES FL 33134		14 CF	TY-ST-	ZIP					[] (h		Addition
TITLE VPD	5	į į		ZIP					☐ Char	nge	Addition
TITLE VPD NAME VERDIJAS, SAM	DELETE	14 CF	TLE	ZIP					☐ Char	nge	Addition
TITLE VPD	DELETE	14 CF 2.1 TF 2.2 NA	TLE AME	ADORESS					Char	nge	Addition
TITLE VPD NAME VERDIJAS, SAM	DELETE	14 CF 2.1 TF 2.2 NA 2.3 ST	TLE AME	ADORESS							
TITLE VPD NAME VERDIJAS, SAM STREET ADDRESS 999 PONCE DE LEON BLVD, S	DELETE	14 CF 2.1 TF 2.2 NA 2.3 ST	TLE AME TREET /	ADORESS					☐ Char		Addition
TITLE VPD NAME VERDIJAS, SAM STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134	DELETE	14 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C	TLE AME TREET A STY-ST TLE	ADORESS							
TITLE VPD NAME VERDIJAS, SAM STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 TITLE VPD	TE 605	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA	TLE AME TREET / TTY-ST TLE AME	ADORESS							
TITLE NAME VERDIJAS, SAM STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CORAL GABLES FL 33134 VPD LOSA, ELVIRA STREET ADDRESS 6100 BLUE LAGOON DRIVE, ST	TE 605	1.4 CF 2.1 TF 2.2 N/ 2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST	TLE AME TREET / TTY-ST TLE AME	ADORESS - ZIP							
TITLE VPD VERDIJAS, SAM STREET ADDRESS 999 PONCE DE LEON BLVD, S CITY-ST-ZIP CORAL GABLES FL 33134 TITLE VPD NAME LOSA, ELVIRA STREET ADDRESS 6100 BLUE LAGOON DRIVE, S	TE 605	1.4 CF 2.1 TF 2.2 N/ 2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST	TLE AME TREET A STY-ST TLE AME TREET A	ADORESS - ZIP						nge -	
TITLE VPD VERDIJAS, SAM STREET ADDRESS 999 PONCE DE LEON BLVD, S CITY-ST-ZIP CORAL GABLES FL 33134 TITLE VPD NAME LOSA, ELVIRA STREET ADDRESS 6100 BLUE LAGOON DRIVE, S' CITY-ST-ZIP MIAMI FL 33176 TITLE SD	TE 605	14 CP 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST 3.4. C	TLE AME TREET / TLE AME TREET / TREET / TLE TREET /	ADORESS - ZIP					Char	nge -	Addition
TITLE NAME VERDIJAS, SAM STREET ADDRESS CITY-ST-ZIP VPD NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 TITLE NAME ANGELO, SUSAN	TE 605	14 CF 2.1 TF 2.2 NA 2.3 SF 2.4 C 3.1 TF 3.2 NA 3.3 SF 3.4. C 4.1 TF 4.2 NA	TLE AME TREET / TLE AME TREET / TLE TREET / TLE TREET / TLE AME	ADORESS - ZIP					Char	nge -	Addition
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TITLE NAME VERDIJAS, SAM STREET ADDRESS GITY-ST-ZIP VPD NAME STREET ADDRESS GITY-ST-ZIP TITLE VPD NAME LOSA, ELVIRA STREET ADDRESS GITY-ST-ZIP MIAMI FL 33176 TITLE SD NAME ANGELO, SUSAN STREET ADDRESS GITY-ST-ZIP MIAMI FL 33054 TITLE SD NAME ANGELO, SUSAN STREET ADDRESS GITY-ST-ZIP MIAMI FL 33054 TITLE S	TE 605 DELETE TE 200 DELETE	14 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 C 4.1 TI 4.2 N/ 4.3 SI 4.4 CI	TLE AME TREET / TLE AME TREET / TLE AME TLE AME TREET / TLE TLE TLE TREET / TLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	T OLAR	TE, LUIS			☐ Char	nge nge	☐ Addition
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14. I 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 changec, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGUETURICSE INSNARQUINA
DAYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

(305) 448 1997

Daytime Phone i

D2E037 (11/08)