FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

770790

(4)

NICARAGUAN AMERICAN BANKERS AND BUSINESSMEN ASSOCIATION, INC.

CIATIO	N, INC.				
Principal Place of Business Mailing Address					
C/O R. ARGUELLO 700 BRICKELL AVE. MIAMI FL 33131		P.O. BOX 16-3809 C/O R. ARGUELLO MIAMI FL 33116-3809		Date Incorporated or Qualifier	3a. Date of Last Report
US		U\$		10/17/1983	04/30/1996
2. Principal Place of Business 2a. Mailing		2a. Mailing Address		4. FEI Number	Applied For
21 28				59-2329444	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
28 28		28	Country	Trust Fund Contribution	Added to Fees
24	25	29 3		This corporation has liability for Florida Statutes	or intangible tax under s. 199.032, Yes X No
	9. Name and Address of Curren			10. Name and Address of New F	
			81 Name		
CASTILLO, ALVARO ESQ			82 Street	Address (P.O. Box Number is Not Accept	able)
1533 SUNSET DRIVE MIAMI FL 33143			63		
MIAMI FI	L 33143				
			84 City		FL 85 Zip Code
Office or re	egistereo ageni, or doth, in the State	of Florida. Such change was au	thorized by the corr	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its registered
-	m familiar with, and accept the obliga	itions of, Section 617.0503, Flori	da Statutes.		
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: I	Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARGUELLO, ROBERTO J.		1.2 NAME		
STREET ADDRESS	700 BRICKELL AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	Document	1.4 CITY-ST-ZIP		
TITLE NAME	d' Cardoze, Julio I	☐ DELETÉ	2.1 TITLE		Change Addition
STREET ADDRESS	1035 COTORRO AVE.		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY - ST - ZIP		
TITLE	DP	DELETE	3.1 TITLE	D	Change Addition
NAME	MENDIETA, URIEL		3.2 NAME	"	*
STREET ADDRESS	3191 SW 22ND ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE	DV	DELETE	4.1 TITLE	DP	Change Addition
NAME	Br autham, Harry		4.2 NAME	BRAUTIGAM, HARRY	
STREET ADDRESS	201 S BISCAYNE BLVD		4.3 STREET ADDRESS	, <u> </u>	İ
CITY-ST-ZIP	MIAMI FL		4.4 DITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
.NAME	SALAZAR, RENATO		5.2 NAME		
STREET ADDRESS	780 NW 42ND AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	T BELETE	5.4 CITY - ST - ZIP		
TITLE	OPTIZ ADMANDO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ORTIZ, ARMANDO		6.2 NAME		
STREET ADDRESS	11045 SW 138 CT.		6.3 STREET ADDRESS		

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 of 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 for on an attachment with an address.

CR2E037 (9/96)

FILED

Jun 16 1997 8:00am

Secretary of State