

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N27911 (9)**
1. Corporation Name

ECUADORIAN-AMERICAN CHAMBER OF COMMERCE OF GREAT ER MIAMI, INC.



Principal Place of Business: **1390 BRICKELL AVE. SUITE 220 MIAMI FL 33131**
Mailing Address: **1390 BRICKELL AVE. SUITE 220 MIAMI FL 33131**

3. Date Incorporated or Qualified: **08/17/1988**
3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: **65-0191036**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESPINEL, XAVIER L
12271 SW 96 ST.
MIAMI FL 33186**

81 Name: **RICHARD LOTHARIUS**
82 Street Address: **1390 SOUTH DIXIE HIGHWAY**
83 **Suite 2205**
84 City: **Coral Gables** FL 85 Zip Code: **33146**

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

(New Registered Agent signature required when re-registering)

[Signature]

RICHARD LOTHARIUS

2/6/96
Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LANIADO, MAURICIO E	
STREET ADDRESS	1390 BRICKELL AVE., 5TH FLOOR	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VILLAVICENCIO, RAUL	
STREET ADDRESS	7225 NW 25 ST., STE. 100	
CITY - ST - ZIP	MIAMI FL 33122	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ESPINEL, XAVIER L	
STREET ADDRESS	12271 SW 96 ST.	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CABRERA, CESAR	
STREET ADDRESS	4251 SW 138 CT.	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MANUEL	
STREET ADDRESS	7419 NW 54 ST.	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Auditor
63 STREET ADDRESS	RICHARD LOTHARIUS
64 CITY - ST - ZIP	1390 South Dixie Highway, suite 2205 Coral Gables, FL 33146

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96
Date

305 5397500
Daytime Phone #

CR2E037 (12/95)