


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27911 (9)**  
1. Corporation Name  
**ECUADORIAN-AMERICAN CHAMBER OF COMMERCE OF GREAT ER MIAMI, INC.**

Principal Place of Business <b>1390 BRICKELL AVE. SUITE 220 MIAMI FL 33131</b>	Mailing Address <b>1390 BRICKELL AVE. SUITE 220 MIAMI FL 33131-3322</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
<b>22</b> Suite, Apt. #, etc.	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> City & State
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>08/17/1988</b>	<b>3a.</b> Date of Last Report <b>02/08/1996</b>
<b>4.</b> FEI Number <b>65-019 1036</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**LOTHARIUS, RICHARD**  
**1390 SOUTH DIXIE HIGHWAY**  
**SUITE 2205**  
**CORAL GABLES FL 33146**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

**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]* (NOTE: Registered Agent signature required when reinstating) DATE **1/9/97**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LANIADO, MAURICIO E</b>	
STREET ADDRESS	<b>1390 BRICKELL AVE., 5TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>VILLAVICENCIO, RAUL</b>	
STREET ADDRESS	<b>7225 NW 25 ST., STE. 100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ESPINEL, XAVIER L</b>	
STREET ADDRESS	<b>12271 SW 96 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CABRERA, CESAR</b>	
STREET ADDRESS	<b>4251 SW 138 CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, MANUEL</b>	
STREET ADDRESS	<b>7419 NW 54 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>A</b>	<input type="checkbox"/> DELETE
NAME	<b>LOTHARIUS, RICHARD</b>	
STREET ADDRESS	<b>1390 SOUTH DIXIE HIGHWAY SUITE 2205</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D LANIADO, MAURICIO E</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PD JUAN CARLOS ISAIAS</b>
2.3 STREET ADDRESS	<b>2127 Brickell Ave. #2905</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33129</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**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 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.

CR2E037 (9/96)