FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:54

DOCUMENT # N43188 (4)

1. Corporation Name

CENTRAL AMERICA - U.S. CHAMBER OF COMMERCE, INC

Principal Place of Business	Mailing Address
299 ALHAMBRA CIRCLE SUITE 207 CORAL GABLES FL 33134	300 SEVILLA AVE STE A CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1991
3a. Date of Last Report: 05/25/1994
4. FEI Number: 65-0287364 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2150 N.W. 70TH AVE.	26 2150 N.W. 70TH AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FLORIDA	28 City & State: MIAMI, FLORIDA
24 Zip: 33122 25 Country: U.S.A.	29 Zip: 33122 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD.
1609 MIAMI CENTER
MIAMI FL 33131

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 607.0502 and 607.1508, 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 607.0505, 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 AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	JOSE PEREZ JONES	12 NAME	RICHARD VOSWINCKEL
STREET ADDRESS	3401-A NW 72ND AVE	13 STREET ADDRESS	801 BRICKELL AVE. 7TH FLOOR
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	DVP	21 TITLE	DVP ☒ Change ☐ Addition
NAME	RICHARD VOSWINCKEL	22 NAME	LEONARDO BRITO
STREET ADDRESS	801 BRICKEL AVE 7TH	23 STREET ADDRESS	2600 S.W. 3RD AVE. STE 301
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D	31 TITLE	DVP FERNANDO PAIZ ☒ Change ☐ Addition
NAME	ERWIN PONCIANO	32 NAME	
STREET ADDRESS	1100 W. AVE 1611	33 STREET ADDRESS	2150 N.W. 70TH AVE.
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D/T	41 TITLE	D/T CARLOS WEISSENBERG ☒ Change ☐ Addition
NAME	OTTO CAMPO	42 NAME	
STREET ADDRESS	1500 PORT BLVD	43 STREET ADDRESS	150 ALHAMBRA CIRCLE P.H.
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D/S	51 TITLE	☒ Change ☐ Addition
NAME	ERNESTO ALVAREZ	52 NAME	D/S LUIS DE ARMAS
STREET ADDRESS	801 BRICKELL AVE.	53 STREET ADDRESS	1500 201 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DS	61 TITLE	DS SERGIO GARCIA G. ☒ Change ☐ Addition
NAME	DE ARMAS, LUIS A.	62 NAME	
STREET ADDRESS	201 S BISCAYNE BLVD.	63 STREET ADDRESS	1221 BRICKELL AVE. #1400
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	MIAMI, FL 33131

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)(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.

SIGNATURE: [signature] , PRESIDENT 1/30/95 (305)530-0104
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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