


FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43188** (4)
1. Corporation Name
CENTRAL AMERICA - U.S. CHAMBER OF COMMERCE, INC



Principal Place of Business 2100 PONCE DE LEON BLVD., #1180 CORAL GABLES FL 33134 US	Mailing Address 2100 PONCE DE LEON BLVD., #1180 CORAL GABLES FL 33134-5215 US
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0287364	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent DE ARMAS, LUIS 201 S BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI FL 33131		10. Name and Address of New Registered Agent	
81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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]* DATE: **28/4/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, GABRIEL	1.2 NAME	
STREET ADDRESS	2100 PONCE DE LEON BLVD., #1180	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEL GARMEN, EDUARDO	2.2 NAME	SIMAN, MAURICIO
STREET ADDRESS	100 SE 2ND ST., 30TH FLOOR	2.3 STREET ADDRESS	306 Alcazar Ave, Suite 303
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	Coral Gables, FL 33124
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA, ALFREDO	3.2 NAME	
STREET ADDRESS	100 ARAGON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, JORGE	4.2 NAME	
STREET ADDRESS	2 S. BISCAYNE BLVD., #2100	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARMAS, LUIS	5.2 NAME	
STREET ADDRESS	1500 201 BISCAYNE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V. VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, SERGIO	6.2 NAME	OTTO CAMPO
STREET ADDRESS	1221 BRICKELL AVE STE 1400	6.3 STREET ADDRESS	1500 Port Blvd, Dogde Island
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL 33132

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 in attachment with an address.

SIGNATURE: *[Signature]* DATE: **28/4/97** DAYTIME PHONE: **305 569 9113**

CR2E037 (9/96)