

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90018 042 \*\*\*\*61.25

0027647

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N43188**

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  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/30/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0287364	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DE ARMAS, LUIS 201 S BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI FL 33131				81 Name			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	PD
STREET ADDRESS	2100 PONCE DE LEON BLVD., #1180	1.3 STREET ADDRESS	PASCUAL, GABRIEL
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	2100 PONCE DE LEON BLVD. #1180
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMAN, MAURICIO	2.2 NAME	VP
STREET ADDRESS	306 ALCAZAR AVE., STE. 303	2.3 STREET ADDRESS	DEBORAH HERNANDEZ
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	801 BRICKELL AVE. #1090
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA, ALFREDO	3.2 NAME	D
STREET ADDRESS	100 ARAGON AVE.	3.3 STREET ADDRESS	PETER FOWLER
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	800 BRICKELL AVE.
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, JORGE	4.2 NAME	SUIT 900, MIAMI, FL.
STREET ADDRESS	2 S. BISCAYNE BLVD., #2100	4.3 STREET ADDRESS	TRESURER
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	OTTO CAMPO
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARMAS, LUIS	5.2 NAME	DS
STREET ADDRESS	1500 201 BISCAYNE BLVD	5.3 STREET ADDRESS	DE ARMAS, LUIS
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	1500 201 BISCAYNE BLVD. MIAMI, FL
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPO, OTTO	6.2 NAME	D
STREET ADDRESS	1500 PORT BLVD, DODGE ISLAND	6.3 STREET ADDRESS	BONILLA, SALVADOR
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	800 BRICKELL AVE. #900
			MIAMI, FL.

14. I 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, with all other like empowered.

SIGNATURE: Katherine Harris REQUIRE EXECUTIVE DIRECTOR, 4/16/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)