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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44359** (0)

VENEZUELAN AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE SUITE 1102 MIAMI FL 33131	1101 BRICKELL AVENUE SUITE 1102 MIAMI FL 33131

3. Date Incorporated or Qualified

07/19/1991

4. FEI Number

65-0241079

Applied For

Not Applicable

21. Principal Place of Business

21 2199 Ponce de Leon Blvd.

Suite, Apt. #, etc.

22 Mezzanine

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 U.S.A.

26. Mailing Address

26 2199 Ponce de Leon Blvd

Suite, Apt. #, etc.

27 Mezzanine

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPIS, ANDREINA
1101 BRICKELL AVENUE
SUITE 1102-A
MIAMI FL 33131

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
DIAZ, JORGE M
STREET ADDRESS ONE BISCAYN TOWER, SUITE 2100
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME D
LOURDES, RODRIGUEZ
STREET ADDRESS 11401 S.W. 114 ST.
CITY - ST - ZIP MIAMI FL 33136

TITLE ☐ DELETE

NAME VPD
CASAS, RAFAEL
STREET ADDRESS 1001 S. BAYSHORE DRIVE, LOBBY
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME GMD
ZURITA, GERSAN
STREET ADDRESS 1101 BRICKELL AVE., SUITE 600
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME T
VILLAR, GUILLERMO
STREET ADDRESS 2199 PONCE DE LEON
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME D
BENTATA, ARIEL
STREET ADDRESS 200 S. BISCAYNE BLVD. SUITE 4810
CITY - ST - ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

GMD
LANDER, CARLOS
2101 N.W. 82nd AVENUE
MIAMI, FL 33122

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE:

[Signature]

CR2E037 (10/97)