

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90064 031 ****61.25

DOCUMENT # N44359

1. Corporation Name

VENEZUELAN AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.

Principal Place of Business

2199 PONCE DE LEON BLVD
MEZZANINE
CORAL GABLES FL 33134
US

Mailing Address

2199 PONCE DE LEON BLVD
MEZZANINE
CORAL GABLES FL 33134
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/19/1991

4. FEI Number

65-0241079

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

9. Name and Address of Current Registered Agent

CAMPIS, ANDREINA
1101 BRICKELL AVENUE
SUITE 1102-A
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 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 PD ☒ DELETE
NAME DIAZ, JORGE M
STREET ADDRESS ONE BISCAYN TOWER, SUITE 2100
CITY-ST-ZIP MIAMI FL

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

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

TITLE GMD ☐ DELETE
NAME LANDER, CARLOS
STREET ADDRESS 2101 NW 82ND AVE
CITY-ST-ZIP MIAMI FL 33122

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

TITLE D ☐ DELETE
NAME 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 Jose Daniel Caerillo
1.3 STREET ADDRESS 1100 Brickell Ave Suite 1100
1.4 CITY-ST-ZIP Miami FL 33131

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

5.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)