

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N44856** (5)

1. Corporation Name

BOLIVIAN-AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.



Principal Place of Business

Mailing Address

7136 S.W. 47TH STREET
MIAMI FL 33155

7136 S.W. 47TH STREET
MIAMI FL 33155

3. Date Incorporated or Qualified **08/23/1991** 3a. Date of Last Report **06/14/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number	Applied For
65-0326187	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COZZI, ROBERTO
7335 NW 35 ST.
7136 SW 47TH STREET
MIAMI FL 33155

81 Name	ROBERTO COZZI
82 Street Address (P.O. Box Number is Not Acceptable)	
83	7136 S.W. 47th Street
84 City	MIAMI
85 Zip Code	FL 33155

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

[Signature]
ROBERTO COZZI

04/01/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COZZI, ROBERTO	12 NAME
STREET ADDRESS	7136 SW 47TH STREET	13 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDAL, ALEJANDRO	22 NAME
STREET ADDRESS	7168 SW 47TH STREET SUITE C	23 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JORGE	32 NAME
STREET ADDRESS	801 BRICKELL AVE., #1200	33 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREAGA, VICTOR	42 NAME
STREET ADDRESS	811 PONCE DE LEON BLVD	43 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL 33134	44 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONCE, GUIDO	52 NAME
STREET ADDRESS	10625 SW 112 AVE., #310	53 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33176	54 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
ROBERTO COZZI

04/01/96

DATE

305 663 0244

DAYTIME PHONE #

CR2E037 (12/95)