

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 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 # N93000005496 (5)
 1. Corporation Name
DOMINICAN INTERNATIONAL BUSINESS CHAMBER, INC.



Principal Place of Business 8827 NW 112 ST HIALEAH FL 33018	Mailing Address PO BOX 521396 MIAMI FL 33152-1393
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3. Date Incorporated or Qualified 12/07/1993	
4. FEI Number 65-0462429	Applied For <input type="checkbox"/> Not Applicable
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Sulte, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Sulte, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent RICHARDSON, MANUEL 8827 NW 112 ST HIALEAH FL 33018	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JOSE L	1.2 NAME	
STREET ADDRESS	8827 NW 112 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33018	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, LUIS M	2.2 NAME	
STREET ADDRESS	8827 NW 112 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33018	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELL, ROCIO	3.2 NAME	
STREET ADDRESS	8827 NW 112 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33018	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, MANUEL	4.2 NAME	
STREET ADDRESS	8827 NW 112 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33018	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARMOLEJOS, FEDERICO	5.2 NAME	
STREET ADDRESS	6405 N.W. 36TH ST.-STE 202D	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, CARMEN C	6.2 NAME	
STREET ADDRESS	801 BRICKELL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	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 as an attachment with an address.

SIGNATURE: *Jose J. Lopez, President* 4/20/98 (305) 362-6728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)