

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  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90043 004 \*\*\*\*61.25

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DOCUMENT # N94000003654

1. Corporation Name

SOUTH BEACH HISPANIC CHAMBER OF COMMERCE OF GREATER MIAMI, INC.

Principal Place of Business

1111 LINCOLN ROAD  
810  
MIAMI BEACH FL 33139  
US

Mailing Address

2457 COLLINS AVE  
#701  
MIAMI BEACH FL 33140



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/21/1994

4. FEI Number

65-0511241

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

LOPEZ, LILIAM M  
2457 COLLINS AVE  
#701  
MIAMI BEACH FL 33140

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 C  
NAME SARRAFF, RAUL  
STREET ADDRESS 530 OCEAN DR  
CITY-ST-ZIP MIAMI BEACH FL  
☐ DELETE

TITLE S  
NAME DORTA, HUGO E  
STREET ADDRESS 501 BRICKELLDR, STE 300  
CITY-ST-ZIP MIAMI FL  
☐ DELETE

TITLE D  
NAME LANNES, ROMAN M  
STREET ADDRESS 999 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL  
☐ DELETE

TITLE D  
NAME ROBERT E. CHISHOLM  
STREET ADDRESS 7254 SW 48TH ST  
CITY-ST-ZIP MIAMI FL 33155  
☐ DELETE

TITLE D  
NAME GONZALEZ-JACOBO, RAFAEL  
STREET ADDRESS 780 NW 42 AVE  
CITY-ST-ZIP MIAMI FL  
☐ DELETE

TITLE P  
NAME LOPEZ, LILIAM M  
STREET ADDRESS 2457 COLLINS AVE., #701  
CITY-ST-ZIP MIAMI BEACH FL  
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)