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NONPROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

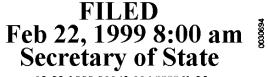
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400003654

SOUTH BEACH HISPANIC CHAMBER OF COMMERCE OF GREA TER MIAMI, INC.

		-
Principal Place of Business	Mailing Address	
1111 LINCOLN ROAD 810 MIAMI BEACH FL 33139 US	2457 COLLINS AVE #701 MIAMI BEACH FL 33140	



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1 (ARMICA DIN COM CION TOM NOME DOM DOM DOM DIN DOM COM COM DESIGNATION DE COMPANION DE COMPANIO

810 Miami Beach US	4 FL 33139	#701 Miami Beach Fi	L 33140				
2. Principal	Place of Business	2a. Mailing Addr	ess			3. Date incorporated or Qualifed 07/21/1994	
Suite, Ap	I. #, etc.	Suite, Apt. #	, etc.			4. FEI Number . 65-0511241	Applied For Not Applicable
City & Sta	ate	City & State				5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip	Country 25	Zip	30	ountry		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	9. Name and Address of Curr	ent Registered Agent	<u> </u>			10. Name and Address of New Registered	1 Agent
<i>#</i> 701	LLINS AVE			81 82 83	Name Street Add	dress (P.O. Box Number is Not Acceptable)	
	EACH FL 33140			84	City	F!	
l office or	nt to the provisions of Sections 617.0 registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such chan	de was authoriz	ea by	tne corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	of changing its registered cintment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Registe	red Agen	t signature requi	ired when reinstating) DATE	·
12.		AND DIRECTORS	1:		J	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	C			TITLE			☐ Change ☐ Addition
I	17					·	
NAME	SARRAFF, RAUL		1.2	NAME			

l C		1.7 THE	•		
SARRAFF, RAUL		1.2 NAME			
530 OCEAN DR		1.3 STREET ADDRESS		,	
MIAMI BEACH FL		1.4 CITY-ST-ZIP		<u> </u>	
S	☐ DELETE	2.1 TITLE	` ·	∐ Change	☐ Addition
DORTA, HUGO E		2.2 NAME			
501 BRICKELLDR, STE 300		2.3 STREET ADDRESS			
MIAMI FL	<u>.</u>	2.4 CITY-ST-ZIP			
D	☐ DELETE	3.1 TITLE		Change	Addition
LANNES, ROMAN M		3.2 NAME	+		
999 PONCE DE LEON BLVD.		3.3 STREET ADDRESS			
CORAL GABLES FL		3.4. CITY-ST-ZIP			
D	☐ DELETE	4.1 TITLE	Treasurer	Change	Addition
Robert E. Chisholm		4. 2 NAME			
7254 SW 48TH ST		4.3 STREET ADDRESS			
MIAMI FL 33155		4.4 CITY-ST-ZIP			
D	☐ DELETE	5.1 TITLE		Change	☐ Addition
GONZALEZ-JACOBO, RAFAEL		5.2 NAME			
780 NW 42 AVE		5.3 STREET ADDRESS			
MIAMI FL		5.4 CITY-ST-ZIP			
P	☐ DELETÉ	6.1 TITLE		Change	Addition
LOPEZ, LILIAM M		6.2 NAME			
2457 COLLINS AVE., #701		6.3 STREET ADDRESS			
MIAMI BEACH FL		6.4 CITY+ST-ZIP			
	SARRAFF, RAUL 530 OCEAN DR MIAMI BEACH FL S DORTA, HUGO E 501 BRICKELLDR, STE 300 MIAMI FL D LANNES, ROMAN M 999 PONCE DE LEON BLVD. CORAL GABLES FL D ROBERT E. CHISHOLM 7254 SW 48TH ST MIAMI FL 33155 D GONZALEZ-JACOBO, RAFAEL 780 NW 42 AVE MIAMI FL P LOPEZ, LILIAM M	SARRAFF, RAUL 530 OCEAN DR MIAMI BEACH FL S	SARRAFF, RAUL 530 OCEAN DR MIAMI BEACH FL S DELETE 1.4 CITY-ST-ZIP CORTA, HUGO E 501 BRICKELLDR, STE 300 MIAMI FL DELETE 2.4 CITY-ST-ZIP D DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CORAL GABLES FL D DELETE 4.1 TITLE A.2 CITY-ST-ZIP D DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS MIAMI FL CORAL GABLES FL D DELETE 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP D GONZALEZ-JACOBO, RAFAEL 780 NW 42 AVE MIAMI FL P DELETE 6.1 TITLE 6.2 NAME 4.257 COLLINS AVE., #701	SARRAFF, RAUL 530 OCEAN DR MIAMI BEACH FL S DORTA, HUGO E 501 BRICKELLDR, STE 300 MIAMI FL DELETE DELE	SARRAFF, RAUL 530 OCEAN DR MIAMI BEACH FL S MIAMI BEACH FL S DORTA, HUGO E 501 BRICKELLDR, STE 300 MIAMI FL D D D D D D D D D D D D D D D D D D D

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE: