# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003654 (0)**

1. Corporation Name

**SOUTH BEACH LATIN CHAMBER OF COMMERCE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2457 COLLINS AVE<br>#701<br>MIAMI BEACH FL 33140 | 2457 COLLINS AVE<br>#701<br>MIAMI BEACH FL 33140 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1994
3a. Date of Last Report:
4. FEI Number: 65-0511241 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business (21): 1001 4th St., Ste. 3 | 2a. Mailing Address (26): | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Suite, Apt. #, etc (22): Suite 3 | Suite, Apt. #, etc (27): | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State (23): Miami Beach, FL 33139 | City & State (28): | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | $68.75 Supplemental Fee Not Required |
| Zip (24): / Country (25): | Zip (29): / Country (30): | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| LOPEZ, LILIAM M<br>2457 COLLINS AVE<br>#701<br>MIAMI BEACH FL 33140 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)
(If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent, new Registered Agent must sign above)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY ST ZIP | ☐ Change ☒ Addition<br>C<br>Raul Sarraff<br>1001 4th St., Ste. 3<br>Miami Beach, FL 33139 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY ST ZIP | ☐ Change ☒ Addition<br>S<br>Hugo Dorta, Esq.<br>1001 S. Bayshore Dr., Ste. 2706<br>Miami, FL 33131 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY ST ZIP | ☐ Change ☒ Addition<br>D<br>Roman M. Lannes<br>999 Ponce de Leon Blvd.<br>Coral Gables, FL 33134 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY ST ZIP | ☐ Change ☒ Addition<br>D<br>Alina Sardinas, Esq.<br>999 Washington Ave.<br>Miami Beach, FL 33139 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY ST ZIP | ☐ Change ☒ Addition<br>D<br>Rafael Gonzalez-Jacobo<br>10 N.W. 42 Ave.<br>Miami, FL 33126 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY ST ZIP | ☐ Change ☒ Addition<br>P<br>Liliam M. Lopez<br>2457 Collins Ave., #701<br>Miami Beach, FL 33140 |

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)(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.

**SIGNATURE:** Liliam M. Lopez Liliam M. Lopez 4-27-95 (305) 531-1719
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Telephone Number)
President

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