SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:29

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1991
3a. Date of Last Report: 12/08/1994
4. FEI Number: 65-0326187 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

VARGAS, GONZALO
7335 NW 35 ST.
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name: ROBERTO COZZI
82 Street Address (P.O. Box Number is Not Acceptable)
83: 7136 SW 47th Street
84 City: MIAMI FL 85 Zip Code: 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: ROBERTO COZZI — DATE: 6/6/95
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	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	VARGAS, GONZALO	12 NAME	COZZI, ROBERTO
STREET ADDRESS	7335 NW 35 ST.	13 STREET ADDRESS	7136 SW 47th Street
CITY-ST-ZIP	MIAMI FL 33122	14 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	GUZMAN, HUMBERTO	22 NAME	HANDAL, ALEJANDRO
STREET ADDRESS	6307 BIRD RD.	23 STREET ADDRESS	7168 SW 47th Street, Suite C
CITY-ST-ZIP	MIAMI FL 33155	24 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD	31 TITLE	TD ☐ Change ☐ Addition
NAME	SANCHEZ, JORGE	32 NAME	SANCHEZ, JORGE
STREET ADDRESS	801 BRICKELL AVE., #1200	33 STREET ADDRESS	801 BRICKELL AVE., SUITE 1200
CITY-ST-ZIP	MIAMI FL 33131	34 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D	41 TITLE	D ☐ Change ☐ Addition
NAME	CAREAGA, VICTOR	42 NAME	CAREAGA, VICTOR
STREET ADDRESS	811 PONCE DE LEON BLVD	43 STREET ADDRESS	811 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33134	44 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD	51 TITLE	SD ☐ Change ☐ Addition
NAME	PONCE, GUIDO	52 NAME	PONCE, GUIDO
STREET ADDRESS	10825 SW 112 AVE., #310	53 STREET ADDRESS	10625 SW 112th AVE., #310
CITY-ST-ZIP	MIAMI FL 33176	54 CITY-ST-ZIP	MIAMI, FL 33176
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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: ROBERTO COZZI — 6/6/95 — 305 6638821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006014