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

DOCUMENT # N28771 (6)

1. Corporation Name
CAMARA DE COMERCIO LATINA DE MIAMI BEACH, INC.

FILED
95 JUL 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1452 WASHINGTON AVENUE MIAMI BEACH FL 33139-4112	1452 WASHINGTON AVENUE MIAMI BEACH FL 33139-4112

3. Date Incorporated or Qualified: 10/10/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0288999 ☐ 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 ☐ [redacted]
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 235 LINCOLN Rd.	26 235 LINCOLN Rd.
Suite, Apt. #, etc. 22 307	Suite, Apt. #, etc. 27 307
City & State 23 MIAMI BEACH, FL.	City & State 28 MIAMI BEACH, FL.
Zip 24 33139 Country 25 USA	Zip 29 33139 Country 30 USA

9. Name and Address of Current Registered Agent

CARDET, GEORGE L.
525 NW 27TH AVENUE
SUITE 201
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: GRACE CALVANI
82 Street Address (P.O. Box Number is Not Acceptable): 235 LINCOLN Rd
83: SUITE 307
84 City: MIAMI BEACH FL 85 Zip Code: 33139

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: Grace Calvani DATE: JULY 12/1995
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		1.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, LUIS		1.2 NAME		
STREET ADDRESS	1452 WASHINGTON AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD		2.1 TITLE	SA	☑ Change ☐ Addition
NAME	BETANCURT, PEDRO	DELETE	2.2 NAME	JUDGE DORTA DUQUE	
STREET ADDRESS	1411 WASHINGTON AVE.		2.3 STREET ADDRESS	5645 SW 87 ST.	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	MIAMI FL. 33143	
TITLE	D		3.1 TITLE	TA	☑ Change ☐ Addition
NAME	HERNANDEZ, IRIS C.	DELETE	3.2 NAME	JOE PIÑON	
STREET ADDRESS	1452 WASHINGTON AVE.		3.3 STREET ADDRESS	1900 Convention Center Drive	
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP	MIAMI BEACH FL. 33139	
TITLE	D		4.1 TITLE	VA	☑ Change ☐ Addition
NAME	ALVARADO, MODESTO	DELETE	4.2 NAME	ABE RESNICK	
STREET ADDRESS	1121 WASHINGTON AVENUE		4.3 STREET ADDRESS	2505 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	MIAMI BEACH FL. 33140	
TITLE	D		5.1 TITLE	VP	☑ Change ☐ Addition
NAME	WARSZAVSKI, MANUEL	DELETE	5.2 NAME	JORGE RIVERO	
STREET ADDRESS	940 LINCOLN ROAD #220		5.3 STREET ADDRESS	420 LINCOLN RD. # 206	
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP	MIAMI BEACH FL. 33139	
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 above, or on an attachment with an address.

SIGNATURE: [signature] 7/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

0008029