

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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.



Principal Place of Business

Mailing Address

235 LINCOLN RD
307
MIAMI BEACH FL 33139
US

235 LINCOLN RD
307
MIAMI BEACH FL 33139
US

3. Date Incorporated or Qualified

10/10/1988

3a. Date of Last Report

07/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

CALVANI, GRACE
235 LINCOLN RD
SUITE 307
MIAMI BEACH FL 33139

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

Grace Calvani - Grace Calvani

3/11/96

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 PD
NAME HERNANDEZ, LUIS
STREET ADDRESS 1452 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE SD
NAME DUQUE, JORCE D
STREET ADDRESS 5645 SW 87ST
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME HERNANDEZ, IRIS C.
STREET ADDRESS 1452 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL

☒ DELETE

TITLE D
NAME ALVARADO, MODESTO
STREET ADDRESS 1121 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL

☒ DELETE

TITLE D
NAME WARSZAVSKI, MANUEL
STREET ADDRESS 940 LINCOLN ROAD #220
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE President
1.2 NAME Abe Resnick
1.3 STREET ADDRESS 2505 FLAMINGO Drive
1.4 CITY-ST-ZIP Miami Beach - Fla. 33140

☐ Change

☒ Addition

2.1 TITLE VICE Secretary
2.2 NAME Sandra Gyngel
2.3 STREET ADDRESS 1575 Euclid Avenue #205
2.4 CITY-ST-ZIP Miami Beach - Fla. 33139

☐ Change

☒ Addition

3.1 TITLE VICE Treasurer
3.2 NAME Onelio CESAS
3.3 STREET ADDRESS 1975 W. 76 St.
3.4 CITY-ST-ZIP Hialeah FLA. 33014

☐ Change

☒ Addition

4.1 TITLE LEGAL Counsel
4.2 NAME Juan Carlo Perez
4.3 STREET ADDRESS 1106 Normandy Drive
4.4 CITY-ST-ZIP Miami Beach - Fla. 33141

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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)(k), 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

Luis Hernandez 3/11/96 305/674-1231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)