FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000458 (9)

ALLAPATTAH CHAMBER OF COMMERCE, INC.

Principal Place of Business	Malling Address	
2513 N.W. 20TH ST. MIAMI FL 33142	2513 N.W. 20TH ST. MIAMI FL 33142-7103	
2. Principal Place of Business	2a. Mallino Address	

FILED Apr 14 1997 8:00am Secretary of State



3a. Date of Last Report 04/26/1996

3. Date Incorporated or Qualified 01/31/1994

	cipal Place of Business 2a. Malling Address			4. FEI Number 65-0514793		Applied For	
Sulte, Apt.	# alo	26 Cuite Apt 4 ate			03 03 14783	Not Applicable	
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip -	Country	Zip	Country	y	8. This corporation has liability for intangible to	x under s. 199.032,	
24	25	29	30		Florida Statutes Yes		
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered Ag	jent	
			81	Name			
CABEZAS, RAFAEL			82	82 Street Address (P.O. Box Number is Not Acceptable)			
2513 N.W.20TH ST.			"	discrimines (1.6. Box Hamber to Hot Nocopiable)			
MIAMI FI			83				
***************************************			100			AB 21- 0-1-	
			84	City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statul	les, the abov	e-named	corporation submits this statement for the purpose of c	hanging its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized b	v the corp	poration's board of directors. I hereby accept the appoi	ntment as registered	
•	in termilar with, sho accept the obliga	ations or, Section 617.0503, Fr	orida Statule	S.			
SIGNATURE _	Signature, typod or printed name of registered age	of and title if applicable (NO)	F: Registered An	ent signature	required when reinstating) DATE.		
12.	OFFICERS AN		13.	on organization of	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE			Change Addition	
NAME	QUEITSS, CARLOS A		1.2 NAME)	_	- <i>v</i> —	
STREET ADDRESS	2015 NW 20 ST			r address			
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY - 5	- 1			
TITLE	VD	DELETE	2.1 TITLE	51-2IF		Change	
NAME	GONZALEZ, ANGEL		2.2 NAME	1	_	3	
STREET ADDRESS	2515 NW 20 STREET			ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.3 3 Inte	- 1			
TITLE	VC VC	DELETE	31 TITLE	91-71r		Change Addition	
NAME	VALDEZ, RUBEN		3.2 NAME	Ì			
STREET ADDRESS	2015 NW 20 STREET		3.3 STREET	ADDOCCC			
	MIAMI FL		3.4. CITY-	1			
CITY-ST-ZIP	D NATIVAL LE	DELETE	4.1 TITLE	51-212		Change Addition	
NAME	FERNANDEZ, SERGIO		4. 2 NAME	ł	L.		
STREET ADDRESS	2207 NW 23RD AVE.		4.2 NAME				
				- 1			
CITY-ST-ZIP TITLE	MIAMI FL 33142	DELETE	4.4 CITY - 9 5.1 TITLE	11-ZP		Change Addition	
NAME	D D	had beauti	5.2 NAME	Ī	-	a currente - El Materiore	
STREET ADDRESS	NOVO, GUILLERMO			ADDRESS			
1	2515 N.W. 20TH ST.		5.3 STREET				
CITY-ST-ZIP	MIAMI FL 33142	DELETE	5.4 CITY - S	11 - ZIP		Change Addition	
TITLE	D CONTRACT ANTONIO	FT DETELE	6.1 TITLE	\	L	T MOOHOU	
NAME	GONZALEZ, ANTONIO		6.2 NAME				
STREET ADDRESS CITY-ST-ZIP	2102 NW 17TH # D-308 MIAMI FL		6.3 STREET	ADDRESS			
			64 CITY-S				

I do herby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(). Florida Statules, interior 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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