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FILED
May 27 1998 8:00am
Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 752927 (4)

1. Corporation Name

SPAIN - U.S. CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

2655 LE JEUNE RD
SUITE 1108
CORAL GABLES FL 33134
US

2655 LE JEUNE RD
SUITE 1108
CORAL GABLES FL 33134
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

26 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/12/1980

4. FEI Number

59-2043472

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name Jose Marquina

82

Street Address (P.O. Box Number is Not Acceptable)

2655 Le Jeune Road, Suite 905

83

84

City Coral Gables

FL

85

Zip Code 33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

JOSE MARQUINA, PRESIDENT

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LINARES, JULIAN	
STREET ADDRESS	48 E FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	OLARTE, LUIS	
STREET ADDRESS	1900 NW 92 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	1VP	<input type="checkbox"/> DELETE
NAME	MARQUINA, JOSE	
STREET ADDRESS	2655 LE JEUNE RD., STE 905	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	2VP/D	<input type="checkbox"/> DELETE
NAME	VERDEJAS SAM	
STREET ADDRESS	999 PONCE DE LEON BLVD., STE 605	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, NICOLAS	
STREET ADDRESS	2655 LE JEUNE RD., STE PH1	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	HIDALGO, RAFAEL	
STREET ADDRESS	2655 LE JEUNE RD. #1108	
CITY-ST-ZIP	CORAL GABLES FL 33134	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marquina, Jose	
1.3 STREET ADDRESS	2655 Le Jeune Road, Ste 905	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
2.1 TITLE	1VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Verdejas, Sam	
2.3 STREET ADDRESS	999 Ponce de Leon Boulevard, Ste. 605	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
3.1 TITLE	2VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Losa, Elvira	
3.3 STREET ADDRESS	6100 Blue Lagoon Drive, Ste. 200	
3.4 CITY-ST-ZIP	Miami, FL 33126	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Angulo, Susan	
4.3 STREET ADDRESS	16400 NW 32nd Avenue	
4.4 CITY-ST-ZIP	Miami, FL 33054	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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: JOSE MARQUINA

06/27/98 (305)446.1992

CR2E037 (10/97)