


FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90147 028 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N28771					
1. Corporation Name CAMARA DE COMERCIO LATINA DE MIAMI BEACH, INC.					
Principal Place of Business 235 LINCOLN RD 216 MIAMI BEACH FL 33139 US			Mailing Address 235 LINCOLN RD 216 MIAMI BEACH FL 33139 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/10/1988 4. FEI Number 65-0288999 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent CALVANI, GRACE 235 LINCOLN RD 216 MIAMI BEACH FL 33139				10. Name and Address of New Registered Agent 81 Name (Same) 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 5/01/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President Emeritus	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERNANDEZ, LUIS		1.2 NAME	Luis Hernandez			
STREET ADDRESS	1452 WASHINGTON AVE.		1.3 STREET ADDRESS	1452 Washington Ave.			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139			
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DUQUE, JORGE D		2.2 NAME	EVA Barreto			
STREET ADDRESS	5645 SW 87ST		2.3 STREET ADDRESS	501 41st Street			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140			
TITLE	VTD	<input type="checkbox"/> DELETE	3.1 TITLE	VP Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CEJAS, ONELIO		3.2 NAME	JIMMY Resnick			
STREET ADDRESS	1975 W 76 STREET		3.3 STREET ADDRESS	1228 Alton Road			
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP	MIAMI BEACH FL 33139			
TITLE	LCD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PEREZ, JUAN CARLO		4.2 NAME	Allan Kieper			
STREET ADDRESS	1106 NORMANDY DRIVE		4.3 STREET ADDRESS	1228 West Ave. #1408			
CITY-ST-ZIP	MIAMI BEACH F		4.4 CITY-ST-ZIP	MIAMI BEACH FL 33135			
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WARSAVSKI, MANUEL		5.2 NAME	Eduardo Gonzalez			
STREET ADDRESS	235 LINCOLN RD		5.3 STREET ADDRESS	990 Brickell Bay Dr. #505			
CITY-ST-ZIP	MIAMI BEACH FL 33139		5.4 CITY-ST-ZIP	MIAMI FLORIDA 33131			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Vice Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	RESNICK, ABE		6.2 NAME	Blanca Parets			
STREET ADDRESS	2505 FLAMINGO DRIVE		6.3 STREET ADDRESS	476 Collins Ave.			
CITY-ST-ZIP	MIAMI BEACH FL 33140		6.4 CITY-ST-ZIP	M. Beach 33139			

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 5/01/99 (305) 674-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)