

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004019

Entity Name: MIAMI BEACH LATIN CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**1620 DREXEL AVENUE
MIAMI BEACH, FL 33139**Current Mailing Address:**1620 DREXEL AVENUE
MIAMI BEACH, FL 33139 US**FEI Number:** 65-0288999**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CALVANI, GRACE CEO
1620 DREXEL AVENUE
MIAMI BEACH, FL 33139 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** GRACE CALVANI

01/18/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CH
Name FABRE, JULIO
Address SFCA - P.O. BOX 630366
City-State-Zip: MIAMI FL 33163

Title VCH
Name HUGO, VICTOR
Address 801 BRICKELL BAY DRIVE - #1062
City-State-Zip: MIAMI FL 33131

Title SCY
Name VERJANO, LIZABETH
Address 10185 COLLINS AVENUE #203
City-State-Zip: BAL HARBOUR FL 33154

Title VSCY
Name DELGADO, LUCY
Address INTERNATIONAL VACATION CLUB
HAMPTON INN, 1700 COLLINS
AVENUE
City-State-Zip: MIAMI BEACH FL 33139

Title TRE
Name CASAL, MARIO
Address THE NATIONAL HOTEL - MARKETING
& SALES OFFICE
1677 COLLINS AVENUE
City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT
Name CALVANI, GRACE
Address 1620 DREXEL AVENUE
City-State-Zip: MIAMI BEACH FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GRACE CALVANI

PRESIDENT/CEO

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date